MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

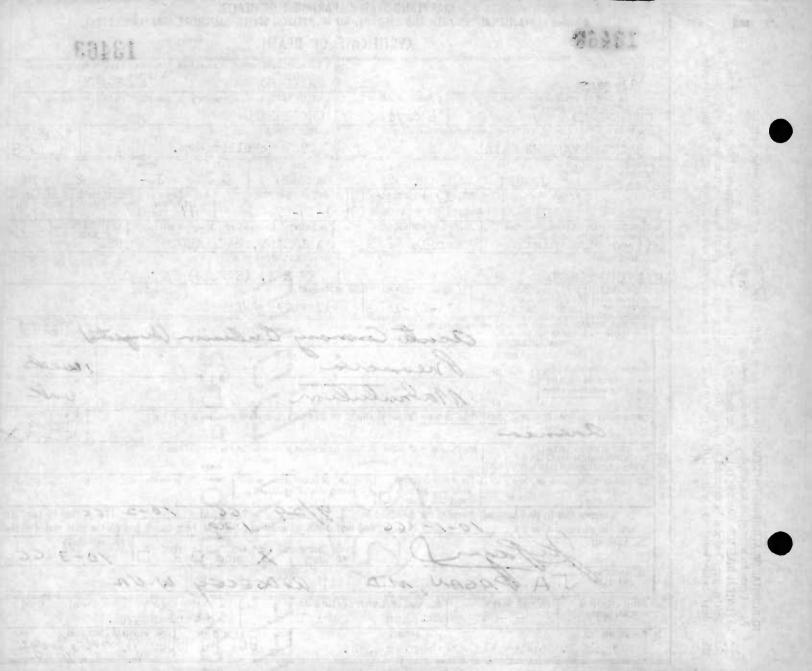
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V		m. OCT . 20. 196			Rt. # 21		Inspection	SOYNTON Indu	iry XX.	ERSE!	n my opinion
1	19 2 1 6 5 6 5 6 5			ains described above,		Later		determined	. 1000		ii iiiy opiiiioli
	death resul	ted from: Natural	causes	, Accident X,	Suicide,	Homicide F MEOICAL E			manner		
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9	NAME (Type) 23a. BURIAL, CREI			1 23c. NAME OF CEME				TION (City, to			(State)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13468 CERTIFICATE OF DEATH by the funeral Poges 1 and 2 icate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Allegany b. COUNTY EGANY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 4 days VCHMBERT.AND CUMBERLAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 285 McMullan Hwy. SACRED HEART HOSPITAL YES NO THE 3. NAME OF Middle 4. DATE Manth DECEASED BARNARD 10-66 R. JOSEPH 19 (Type ar print) DEATH S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T **NEVER MARRIED** hirthday) 1-24-89 WIDOWED DIVORCED MALE WHITE 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign cauntry) 12. CITIZEN OF WHAT USA COUNTRY? during most of working life, even if retired)
Retired Machinist INDUSTRY ALLEGANY, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EMME E. (GABLER) BARNARD WILLIAM BARNARD 15. WAS DECEASED EVER IN U.S. ARMED FOR CES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death (Yes, no, or unknown) ((f yes give war ar dates of service) 214-07-1882 PATIENT'S CHART UNKNOWN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p burial, crematic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause as the prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS PERFORMED? NO S O FUNERAL DIRECTOR: After this certificate for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 2Df. (City or town) (County) (State) Nat While factory, street, office bldg., etc.) at work at work 10-2, 1965 that (1) (we) last 9 1966 ta 21. I certify that (I) (this haspital) attended the deceased fram___ O HOSPITAL OR ATTEND Page 4 may be retained saw the deceased glive an 10-1-1966, and that death accurred at 2007M, from causes and an the date stated above 22g. SIGNATURE 22b. DATE SIGNED 10-3-66 director, poge 3 should be filed M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Expe) M.D W.UR. PIDSECE 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City or Town) (County) (State) REMOVAL (Specify) 10-5-66 Hillcrest Burial Park Cumberland, Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) Mariles James F. Scarpelli Cumberland.Md. 20 M 1/66



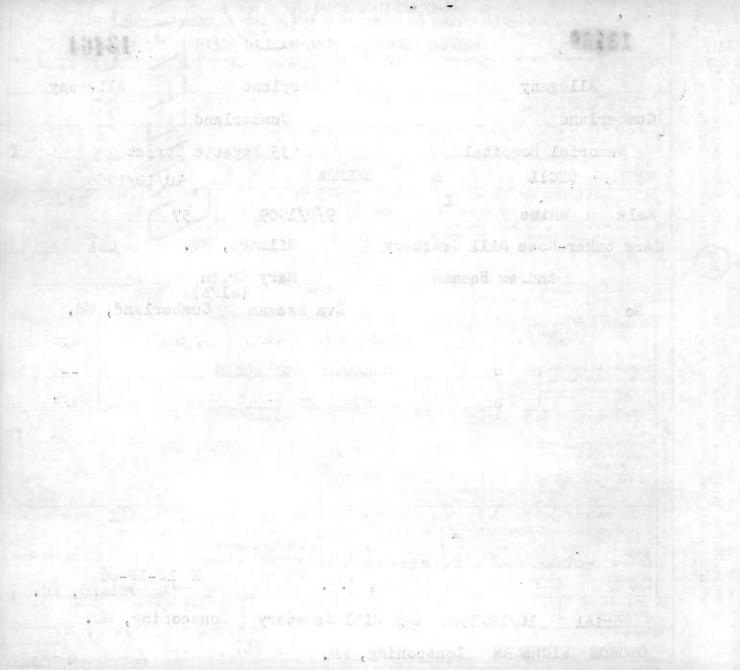
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13469 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) delay i. nd 3 ta Page o. COUNTY b. COUNTY Allegany

CITY OR TOWN (If outside corporate limits, Maryland Allegany MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Item 18. Give Pages 1, Office alang with farm hours ate Memorial Hospital 535 Fayette Street YES NO TY after death. with the Sto within 72 h 3. NAME OF First Middle Year DECEASED BEEMAN CECIL E 10/10/1966 (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIEO lost birthdoy) Hours 9/9/1909 haurs White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Care taker-Rose Hill Cemetery COUNTRY? Gilmore, MD. USA 'pending" in pencil in ef Medical Examiner's Magaes in day 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within Mary Green Andrew Baeman 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) or remaval, Cumberland, Eva Beeman Md. No 18. CAUSE OF OEATH (Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN DA VS PART I. DEATH WAS CAUSED BY MYOCARDIAL INFARCTION, LEFT IMMEDIATE CAUSE (o) 4201 certificate should writing the ward burial, crematian, DUE TO Conditions, if ony, which gove CORONARY SCLEROSIS farwarded ta rise to immediate couse (o), DUE TO stoting the underlying couse Days CORONARY THROMBOSIS 19. WAS AUTOPSY PERFORMED? YES X NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) please execute the certificate, 0 pe 20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ 5 may be retained for yaur files.

TO FUNERAL DIRECTOR: Page 3 should the Health ar its designated agent, priar 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Oay, Year (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that I taak charge af the remains described above, held an Autapsy [X], Inspection X. Inquiry X and in my opinion the funeral directar. Accident death resulted from: Natural causes X Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNEO ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER 10-10-66 **EXAMINER'S** Address (Street, city, town, or county Cumberland. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Oak Hill Cemetery Lonaconing, MD. 10/12/1966 24. FUNERAL DIRECTOR AODRESS 2So. REC'D BY REGISTRAR DATE OCT VR A15ME (5) GEORGE EICHHORN 6M 1/66 Lonaconing, MD.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 hours after death and campletely filled in by the funeral remove carban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) FROSTBURG CUMBERLAND DAYS d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? 95 WRIGHT ST. YES NO HOSPITAL MEMORIAL 3. NAME OF First Middle DATE Lost Month Year DECEASED OPAL BEEMAN OCTOBER 24 19 66 LURLINE (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours FEMALE WHITE WIDOWED DIVORCED 3-1-1922 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY ? INDUSTRY attending physician permit. Then please FROSTBURG. MD. Housewife Home 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME RICHARD N. WILSON SUSANNA ADAMS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) ar HOSPITAL. CUMBERLAND. No 214-12-3661 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO INISTANTA stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPS'
PERNORMED? PART II. OJHER SIGNIFICANT CONDITIONS CONTRIBUTING JO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE-CONDITION GIVEN IN PART 1(a) YES NO far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 1B. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED 20f. (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office blde., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased from 140 M, from causes ond on the date stoted above. be retained sow the desegsed olive on 19 66, and that deoth occurred at 220 SIGNATURE 22b. DATE/SIGNED ATTENDING M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. S. G. WEISMAN 59 GREENE ST. directar, should 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Md. Frostburg Memorial Frostburg. Allegany 25b. REGISTRAR'S SIGNATURE 2So, REC'D BY REGISTRAR VR A15 (4) Balto Avé. Cumberlandi Md

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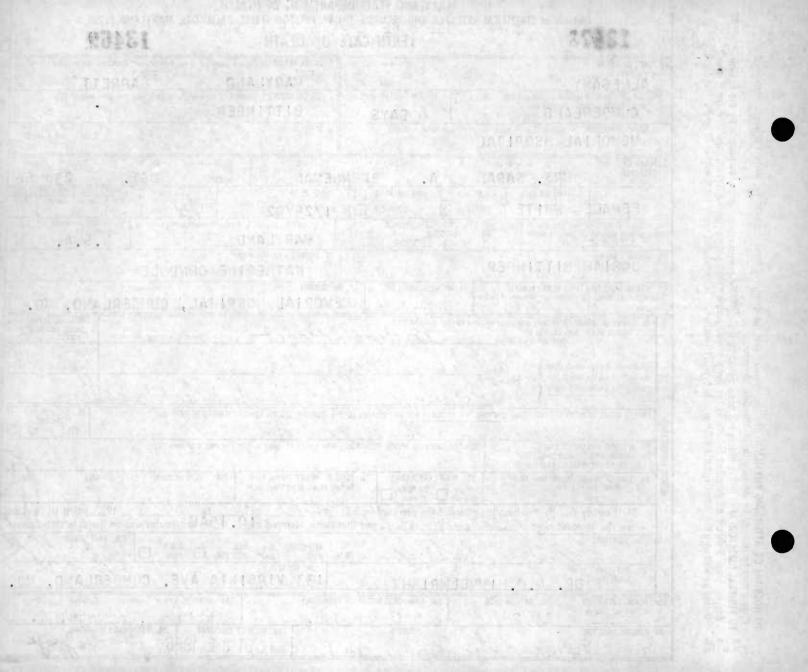
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTYALLEGANY a. COUNTY O. STATE MARY LAND ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give necrest town) CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 220 GREENE STREET ON A FARM? SACRED HEART HOSPITAL No 3. NAME OF First Middle DATE Month Dov Year BENDER DECEASED MARY OCT 10665 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH hirthdoy) 11-25-80 Days Haurs PEMALE WHITE WIDOWFD DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY (7 . S. A. 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) wen if retired) Clothing Store Comberland Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME FARRELL. Margaret ROBERT SIZER 17. INFORMANTISS Phyllis Feagaaddress 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no ar unknown) (If yes give war ar dates of service) PATIENT'S CHART 0 214-05-8225 Cumberland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p burial, cremative ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While ot wark at work . 196 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 1900, to 1966, and that death accurred at 12:30M, from causes and an the date stated above saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** X 10/9/66 M.D. DIRECTOR PHYS. PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S SCHINDLER GREENE STREET NAME (Type) Cumb. Md. 23b. DATE THEREOF 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (State) BULLAL (Specify) Cumberland, Allegany. 10/11/66 SS. Peter & Paul Cemetery 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) raveles 966 Cumberland, Md. 20 M 1/66 H. Wayne George DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH physician and campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) OF PUNTE GANY g. STATE b. COUNTY ALL FGANY MARYLAND b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) vrite RURAL and give negrest town)
UMBERLAND, 7DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? 721 COLUMBIA MEMORIAL HOSPITAL NO D YES | NAME OF Middle 4 DATE Month Doy Year DECEASED OCT. 66 ELLENORA MRS. BOYLAND 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** Manths birthday) Days Haurs 10/28/84 FEMALE WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired COUNTRY ?A INDUSTRY MARYLAND Maissen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys FLANAGAN, GOSEPH 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ocunknawn) (If yes give war or dates of service CUMBERLAND, MD. 215-48-0417 MEMORIAL HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO signed Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause as the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Na O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 40 detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Haur a.m. Not While While at work at work 21. I certify that (I) (this haspital) attended the deceased fram 1950 19___, that (I) (we) last 1966, and that death accurred at 7.53M Wam causes and an the date stated above. saw the deceased alive an 220ct 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS , page 3 22d. ADDRESS 22c PHYSICIAN'S NAME (TYPE) F.B. WH! TWORTH WASHINGTON ST. CUMBERLAND MD. 305 director, should 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE-THEREOF 23d. LOCATION (City or Town) (Stote) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 966 DATE 20 M 1/66

The Late TOTAL COLUMN STREET CHALLYON R ARCHARD SELECT CHAILED HOLD TO COME FOR AND IN STREET, AND THE STREET, AND THE PARTY OF THE PARTY ETERMINE, PETERS THE THE REPORT OF STREET Company School Section 138 and Section 138

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death physician and completely filled in by the funeral en pleose remove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY ALL FGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) BITTINGER DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 MEMORIAL HSOPITAL NO Z YES 3. NAME OF First Middle 4. DATE Manth Day Year Last DECEASED OF OCT. 2319 MRS. SARAH BRENNEMAN 66 DEATH (Type ar print) **IF UNDER 1 YEAR** IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) Manths Days FEMAL WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) OUNTRY? during most of working life, even if retired) INDUSTRY. MARYLAND Housewile Home 13. FATHER'S NAME
JOSIAH BITTINGER 14. MOTHER'S MAJDEN NAME KATHERINE ORNDOLE 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates af service Dermit MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-tronsit PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by physicion. DUF TO Canditions, if any, which gave rise to immediate cause (a), DUF 90 stating the underlying cause the hospital or ottending os the this certificate hos been last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH to detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m factory, street, affice blda., etc.) Nat While at work at wark O FUNERAL DIRECTOR: After 19 Let, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram Poge 4 moy be retained 19 6 and that death accurred at 0. 5 A Nom causes and an the date stated above. saw the deceased alive an Oll 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS ZZC. PHYSICIAN'S VIRGINIA AVE. CUMBERLAND NAME (Type) HIMMETWRIGHT director, pinous 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23g. BURJAL, CREMATION. REMOVAL (Specify) ttinger nger. Garrett. Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

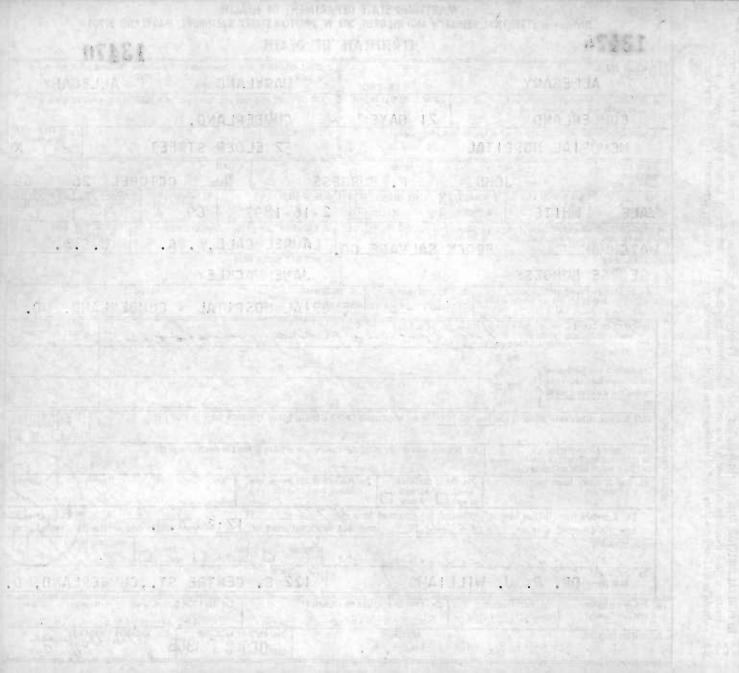
Scarpelli, Cumberland, M.

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1966

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	PLACE OF DEATH			ere deceosed lived, if institution: Re-	sidence before odmission)
	o. COUNTY ALLEGANY	MARYLAND	o. STATE MARYLA	AND b. COUNTY	ALLEGANY
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporote limits, write RURAL ond	d give nearest tawn)
	write RURAL and give negrest town) CUMBERLAND	21 DAYS	CUMBER	RLAND,	01=1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	MEMORIAL HOSPITAL			DER STREET	YES NO 📉
	NAME OF First DECEASED	Middle		DATE Month	Doy Year
	(Type or print) JUHN	F. BURG		DEATH OCTOBE	
-	SEX 6. COLOR OR RACE 7. MARRIED WHITE WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2-16-1897	9. AGE (In years IF UN Mont	ths Doys Hours Min.
		ND OF BUSINESS OR	11. BIRTHPLACE (County & S		2. CITIZEN OF WHAT
dur	ing most of working life, even if retired) IN	DUSTRY	LAUDEL DO		COUNTRY?
	WATCHMAN BROCI	K SALVAGE CI	14. MOTHER'S MAIDEN NAM		0.0.M.
13.	GEORGE BURGESS		JANE MAC		
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Y		14-07-1029 MI	EMORIAL HOSE	PITAL - CUMBE	RLAND, MD.
	18. CAUSE OF DEATH (Enter only one couse per-line for	,(o), (b), ond (c).)	0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (CAUSE)	glorena	1 careno	wald king	ONSET AND DEATH
	1992. DUE TO				
	Conditions, if ony, which gove) (b)				
	rise to immediate couse (o), DUE TO				- Comments
	lost. (c)				HARLETTE LE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION					YES NO
E S	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DE	SCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port	t 1 or Port II of item 18.)	
GR	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL			ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
MED	Hour o.m. While p.m. 19 of worl		ctory, street, office bldg., etc.)	6. 6.11	Alex Illd
	21. I certify that (I) (this haspital) attend		47/69 .19	10 /0/24/66	19, thất (I) (we) Jas
	saw the deceased alive on 10/25	146 19, and th	at death occurred at_		on the date stated above
	220. SIGNATURE		ATTENDING ME	ED. STAFF 22	b. DATE SIGNED
lla.	- Wildellac	uney	AD PHYS. DI	RECTOR PHYS.	0/27/66
	NAME (Type) DR. R. J. WILI	LIAMS	22d. ADDRESS 122 S. (CENTRE ST., CU	MBERLAND, MD.
23	D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify) Oct. 28, 1966	Sunset Mem		Cumberland, N	
2	4. FUNERAL DIRECTOR James F. Scarpelli. Cum	ADDRESS	25o. REC'D B	1000	R'S SIGNATURE
	vames r. Scarbelll. Cum	perland, M.	DATEOCT	J 1300 /	1 0

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13475 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death, the funerol puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany ompletely filled in by the fur ve carbon papers. Poges 1 event, within 72 hours after Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town Barton Cumberland years d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS Sylvan Retreat remove carbon 3. NAME OF Middle 4. DATE Month First Last DECEASED OF Oct. Mary Jane Clark (Type or print) DEATH S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED last birthday) ond in ony WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physicion a during mast of warking life, even if retired)

Housewife INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' Address (Yes, no, or unknown) (If yes give wor or dotes of service offen permi burial, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: signed by the burial-transit p IMMEDIATE CAUSE (a **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 may be retoined by the hospitol or ottending physicion. Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause this certificate hos been be detached for use os the Stote Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Hame, farm, (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. factory, street, affice bldg., etc.) Nat While at wark at work TO FUNERAL DIRECTOR: After 1959 ta 21. I certify that (I) (this haspital) attended the deceased fram-Oct. Oct. 8 19 66, and that death occurred at 11P M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE STAFF PHYS. M.D. PHYS DIRECTOR director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S B. Mathews. M.D. Greene St., Cumberland, Md. NAME (Type)

VR A15 (4) 20 M 1/66

23q. BURIAL, CREMATION

REMOVAL (Specify)

URIAL 24. FUNERAL DIRECTOR 23b. DATE THEREOF

966

ADDRESS

23c. NAME OF CEMETERY OR CREMAJORY

2Sq. REC'D BY REGISTRAR

(County)

22b. DATE SIGNED

19 66 that (1)

Allegany

e. IS RESIDENCE ON A FARM?

Year

1966

IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(State)

(State)

NO X

YES

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Manths

2Sb. REGISTRAR'S SIGNATUR

23d. LOCATION (City or Tawn)

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1 01	ACE OF DEATH					2. USUAL RESIDENCE	(Whore do	coacod lived if	inctitutio	n. Pacidance	hoforo	admissia	10
	a.	COUNTY					a. STATE	(whitele de-		b. COUN		Delote	ourinssiul	1)
		Allegany			MARYL			Mary	land		All	egai	ay	
I	b.	city or town (I write RURAL and	f autside carparate limits, aive nearest tawn)		c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If a	outside car	parate limits, w	rite RUR	AL and give	neorest	tówn)	
				V-1178	Years		Eckhart				01-			
1			AL OR INSTITUTION (If not		ive street address)		d. STREET ADDRESS					0	ON A FA	
l	S	acred He	eart Hospita	al.								Y	ES 🗌	NO
Ì		ME OF CEASED	Firs		Middle		Last	4. DAT		Manth		Day	Yea	
l	(1)	pe or print)	Nell	lie	Grace		Close	DEA	ATH O	ct.	7,		19 6	
ĺ	S. SE	(6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B.	DATE OF BIRTH	Alexander	9. AGE (In y	ears	Months 1	YEAR Days	IF UNDER Hours	24 F
l		Female	White	WIDOWED	DIVORCED		oct. 28, 1	911	5 ast birth	Yrs.	WOIIII	Daks	HOUIS	IVI
I	10a. L	SUAL OCCUPATION	(Give kind af wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (Count	y & State, a	r foreign cauntr	Y)	12. CITIZ	ZEN OF	WHAT	
I	aurino	Coning	life, even if retired)	Cela	oustry inese		Maryl	and			COU	U	SA	
l	13. F	ATHER'S NAME			MANAGEMENT		14. MOTHER'S MAIDEN							
١		James Cl	Lose (deceas	sed)		2	Elizabet	h B	rode			(de	cease	be
Ì	15. 1	VAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. INF	ORMANT			Addres	ss			
ı	(Yes,	na, ar unknawn) Ta	(If yes give war or dotes of	service)	14-07-6491	Pa	atients ch	art 1	Willian	J (Chabot	;		
ł	T	8 CAUSE OF DE	ATH (Enter anly one caus			1					1	INTE	RVAL BETV	VEE
ı		PART I. DEAT	ATH (Enter anly one caus H WAS CAUSED BY:	. 00	wowen	ata	Min					ONS	ET AND DE	ATH
i		1992	IMMEDIATE CAUSE (CO CO V COVI							- 4	170	
l		anditians, if any,	bish	b)										
I		se ta immediat	e cause (a), (_
1		toting the under	Tying couse	(c)										
ı	1.5		GNIFICANT CONDITIONS CO		O DEATH BUT NOT RELA	TED TO TH	TERMINAL DISEASE (C	ONDITION (GIVEN IN PART	1(0)		19.	WAS AUTO	PSY
9	S S	ART III. OTTIER SI	ominerati combinions <u>co</u>	NIKIDOTINO I	O DEATH BOT NOT KEEN		TERRITOR CO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. (0)			PERFORME	D?
١	CERTIFICATION	Og. ACCIDENT WAS	LINDEDI VING [7]	20h DES	SCRIBE HOW INJURY OCC	TIPPED (Fr	nter nature of injury in	Part Lar	Part II of item	18.)		11.	, 🗀 .	10
	ERI	R CONTRIBUTING	CAUSE OF DEATH	203. 01.	CRIDE HOW INDOR! OCC	CORRED. (E)	ner nature at injury it	1 011 1 01	Tutt II ut nom	10.1				
ł			MEDICAL EXAMINER) JRY Month, Day, Year	204 IN	JURY OCCURRED	20a PLACE	OF INJURY (Hame, far	m. 20	of. (City or to	wn)	(Cour	ntv)	- 19	itote
ı	MEDICAL	Hour a.n	n.		Nat While of work		, street, affice bldg., etc		n. tent or n	,,,,	(000)		,,	
ı	1	p.n	n. 19	of work	of work	49	. / 2.	10//	· D./	7	10./	7. N	(1) /	
1		21. I certif	fy that (1) (this haspeceased alive on	oltal) attend	led the deceased t	ram	death accurred o	14.64	M from a	MISAS C	and on the	e date	(I) IE	¥6
ı	-	22a. SIGNATURE	eceased alive on ca	_ ^	17 99 , u	na mai	dealli accorred o	-		70363 (22b. DA1			
		ZZU. SIGNATORE	1,000	00		M.D.	ATTENDING PHYS.	MED. DIRECTO	R PHY	f. 🗆				,
1	-	22c. PHYSICIAN'S	Cu Silo	X	<u> </u>	m.b.	22d. ADDRESS	DIRECTO	K 🗀 m.	<u>. </u>	1000.	10,	1/00	_
		NAME (Type)	r. M. Blicks	Dr. W	Spiggle			allwo	od St.	Cu	mherl	b ne	Md	
ł	220	BURIAL, CREMATIC			23c. NAME OF CEMET	EDV OD CD			LOCATION (Cit			County)		ate
	23u.	REMOVAL (Specify) Oot 70				ial Garder	1	Near Ci			, ,		
	Du.	TaT	0ct 10	· TAOO	Dunset.	LIGHOT.	Tal darder	10	ILCOTT O	THING:				J
1	24	FUNERAL DIRECTO	Relation		ADDRESS		2Sq. REC	'D BY REG	ISTRAR	2Sb. REG	SISTRAR'S SIG	SNATUR	E 10	
	24-	FUNERAL DIRECTO	lafer, 230 H		ADDRESS		2So. REC	D BY REG	ISTRAR 1 1 19	25b. REG 66	SISTRAP'S SIG	SNATURI	Jug Jug	100

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

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1.	PLACE OF DEA!	TH					2. USUAL RESID	ENCE (Where			dence before edmi
		Al	legan	V	MARYL	AND	e. STATE	vland	b. COU	Allega	กระ
	b. CITY OR TOWN write RURAL a	l (if outside co	proorata limi		c. LENGTH OF STAY	Y IN 1b			orporate limits, writ		
	Cumber	-	sr rown)		Years		Cam	berland			11-1
	d. NAME OF HOS	PITAL OR INS	TITUTION (if not in ho	spital, give street addre	ss)	d. STREET ADDRE				e. IS RESIDI
	Momo	rial H	onnite	.1			000	11	3 01		ON A FA
3.	NAME OF	TIGT U	ospita First	3.1.	Middle		Last 209	West S	econd St		YES NO
	DECEASED (Type or print)							OF DEA			
5.	SEX	16 COLO	Arme	tha	Mae		Crawford DATE OF BIRTH	DEA	Uctob		
•		0. 0000	N OK MICE		ED NEVER MARRIED		DATE OF BIKIH		9. AGE (In years last birthday)	Months Dev	
10	Female	Whi	te	WIDOWI			arch 25. 1	921	4.5 yrs.		
qo	ne during most of v	A IION (Giva I working life, e	kind of worl	(d) 10b. K	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (C	ounty & State,	or foreign country	12. CITIZEN	OF WHAT COU
	Housewi	fe					West Vir	ว่าก่อ		II S	3 A
13.	FATHER'S NAME					1	14. MOTHER'S MAID				
	Ci	lbert	E. Hae	anf+1-	ina		F	A a 7			
15.	WAS DECEASED E	EVER IN U.S.	ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. II	NFORMANT	Appel	Addres	s	
(1)	s, no, or unkown)	(If yas give wa	rordatesofs	ervica)							
	18. CAUSE OF	DEATH IEN	er only one	CRUSO DEC	lina for (a), (b), and (c).	INTS	. Victor Me	erkle,	470 Goeti	ne St. L	himber lai
	1917		CAUSE (a)	CI	acan	m	~ 1/	Cer	vesi		
	Conditions, if ar gave rise to imma (a), stating the cause last,	ny, which diata cause undarlying	DUE TO (b) DUE TO (c)	w,	ut 1	ine		Cer	· ·		•
CATION	gave rise to imma (a), stating tha causa last,	ny, which diata cause undarlying	DUE TO (b) DUE TO (c)	(U)		ine		MINAL DISEAS	SE CONDITION GIVE		19. WAS AUTO PERFORMI
CERTIFICATION	gave rise to imma (a), stating tha causa last,	ny, which diata cause undarlying	DUE TO (b) DUE TO (c) YING	1	ut 1	BUT NOT	T RELATED TO THE TER) 19. WAS AUTO
MEDICAL CERTIFICATION	gave rise to imma (a), stating the causa last, PART II. OTH	iny, which diata cause undarlying ler SIGNIFICA	DUE TO (b) DUE TO (c) YING	20b, DE	NTRIBUTING TO DEATH SCRIBE HOW INJURY O	BUT NO	T RELATED TO THE TER	y in Part I or P) 19. WAS AUTO PERFORM YES NO
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SAL	gave rise to imme (a), stating the cause last. PART II. OTH 20a. ACCIDENT \ OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJ Hour a.m. p.m. 21. certify	was underlying Was underlying	DUE TO (b), DUE TO (c), ANT CONDITION OF DEATH EXAMINER) th, Day, Yea	20b. DE 20d. While at wor	NTRIBUTING TO DEATH SCRIBE HOW INJURY OF THE PROPERTY OF T	BUT NO OCCURRED 206. PLACE facto	T RELATED TO THE TER O. (Enter nature of injur CE OF INJURY (Homa, 1 ry, street, office bidg.,	y in Part I or P	ert II of item 18.) City or town)	(County)	19. WAS AU PERFORM YES No. (5)
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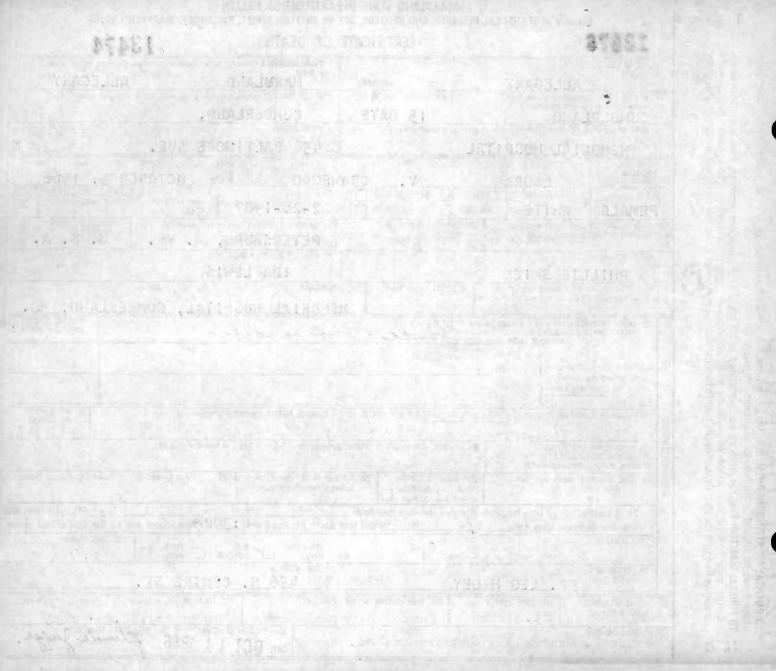
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D FUNERAL DIRECTOR: After this certificator, page 3 shauld be detached shauld be filed with the State Dept. of		30. BURIAL, CREMATI			23c. NAME OF CEME			23d. L0	OCATION (City or Tox	wn) (Co	ounty) (S	itote)
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to	1	Bur La Specify	Oct.8,1	966	Sunset 1	Mamo	rial Park		berland,			
- /1		24. FUNERAL DIRECTO	R .	(1 ,	ADDRESS	EN	2So. REC'I	BY REGIST	RAR 2Sb. RE	CUSTRAR'S SIGN	ATUR Quel	el.
VR A15 (4)	9	James F	. Scarpelli	, vumb	erland,	MO .	DATE A	CT 14	1 1966	* Commerce	1	1

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) and completely filled in by the funeral temave carbon papers. Pages, 1 and PLACE OF DEATH o. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DAYS CUMBERLAND ve carbon papers. event, within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

MEMORIAL HOSPITAL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ELDER NO X 4. DATE 3. NAME OF First Middle Lost Month Doy Year DECEASED WILLIAM E. CRAWFORD OCTOBER 1966 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (ast_birthdoy) Months Dovs WHITE 7-29-1896 MALE WIDOWED DIVORCED 10b. KIND OF BUSINESS OF 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during massof working life even if retired)

RETURED-Filtratio XMARXIVAND Keyser . W. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CHARLES HENRY CRAWFORD ALBERTA L. MICHAELS 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. HOSPITAL - CUMBERLAND, MD. MEMORIAL INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) þ DUE TO signed l Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the prior to b TO FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT/CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS PERFORMED? YES . NO Por 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Not While foctory, street, office bldg., etc.) 19 that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. M. from causes and an the date stated above. saw the deceased alive an and that death accurred a 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** DIRECTOR M.D. director, page should be filed 59 GREENE 22c. PHYSICIAN'S ST., CUMBERLAND. WEISMAN G. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL CREMATION. TREMOVAL (Specify) Oct.10,1966 Cumberland, Md. Allegany Sunset Memorial Park 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. 1966 Charles DATE 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13480 CERTIFICATE OF DEATH certificate be executed within 24 haurs after death. er death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funera PLACE OF DEATH a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) CUMBERT AND CTIMBERT A NO d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOMEWOOD ADDITION SACRED HEART HOSPITAL NO A 3. NAME OF carbon First Middle Last 4. DATE Manth Day Year DECEASED 1966 OCTOBER Washington CROWE (Type or print) DEATH IF UNDER 24 HRS. S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) 1-5-95 WIDOWED DIVORCED MATE 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) legse during most of working life, even if retired) COUNTRY? INDUSTRY U.S.A. MT. SAVAGE . MARYLAND unina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM IDA MAE Elmer R. Crowe IS. WAS DECEASE EVER IN U.S. ARMED FORCES? requires that the death 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Ethel B. (Yes, na, ar unknown) (If yes give war ar dates af service) 217-10-132581 PT'S CHART INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c). signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEAT IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise ta immediate cause (a), DUF TO stating the underlying cause as the has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO TO FUNERAL DIRECTOR: After this certificate PHYSICIAN: far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark 21. I certify that (1) (this haspital)-attended the deceased fram and that death accurred at M. from causes and an the date stated abave. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN GREENE ST. CUMBERLAND, MARYLAND. NAME (Type) SCHINDLER. director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Cumberland. Allegany. Sunset Memorial Park 10/11/66 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Cumberland, Md. DATE H. Wayne George

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13483 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY Page 10 death. ALLEGANY MARYLAND ALLEGANY MARYLAND 30 b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) , 2, o... write RURAL and give nearest town) after CUMBERLAND TATER CUMBERLAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours Office alang with farm in Item 18. Give Pages MEMORIAL HOSPITAL CECELIA STREET YES NO X 24 haurs after death. 3. NAME OF First Middle 4 DATE Month Doy Year DECEASED (Type or print) JONATHAN DODD DEATH OCT. 19 66 9. AGE (In years S. SEX 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED NOV.25.1878 MATE WHITTE event 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? dny DELIVERY CLERK pending" in pencil in of Medical Examiner's RATTROAD MARYILAND pages in any TISA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within JAMES DODD ANNA BOWSER and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service) remaval. NO 705 05 4465 J. WILSON DODD ROUTE 3. BEDFORD, PA. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 : Chronic Myocarditis IMMEDIATE CAUSE (o). This certificate should crematian, DUF TO Conditions, if ony, which gove Arteriosclerotic Cardiovascular disease rise to immediate couse (a), DUF TO stoting the underlying couse ds burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) please execute the certificate, Fracture of Right Hip NO XX designated agent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY OF CONTRIBUTING XX should CAUSE OF DEATH. Fell at Home MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m foctory, street, office bldg., etc.) While Not While may be retained far yaur FUNERAL DIRECTOR: Page of work Home Cumberland, Alleg. Md. 19 66 ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X ond in my opinion Accident X Suicide . death resulted fram: Natural causes Hamicide [Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER X 10 **EXAMINER'S** Health NAME (Type) BENEDICT SKITARELIC, M.D. RT Address (Street, city, town, or countyCIIMBERIAND. MD. 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 REMOVAL (Specify) SUNSET MEMORIAL PARK NOV. 2.1966 CUMBERLAND, MD. BUR TAT. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Melianles CUMBERLAND, MD. VR A15ME (5) BYRON KIGHT 966

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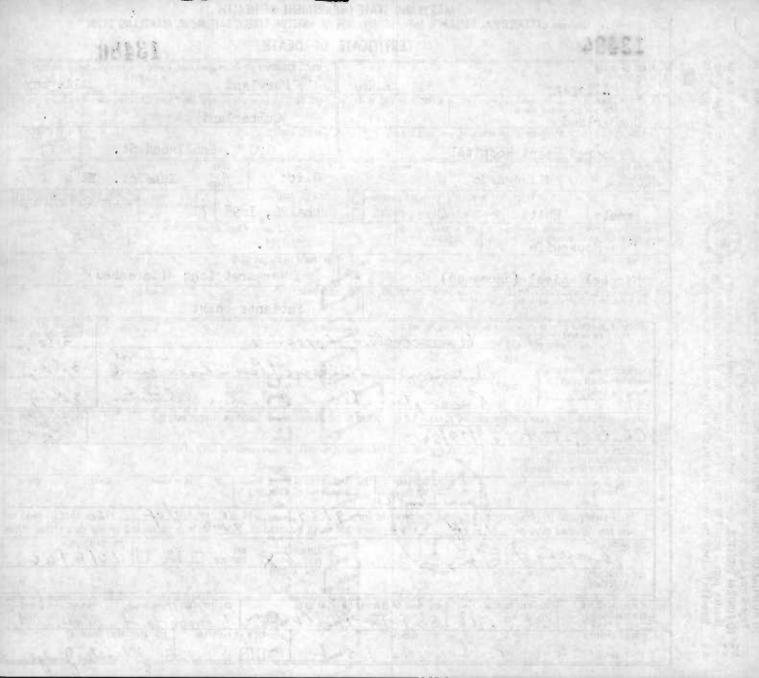
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY by the and 2 death. Allegany MARYLAND Maryland Allegany b. CITY OR TOWN (if outside corporate limits, þ c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerast town) 5 Pages within Rawlings
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rawlings filled hours d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely Route #3 YES NO Y Route #3 paper 72 3. NAME OF First 4. DATE Middle Month Yeer DECEASED OF within (Type or print) Philip S. Gordon DEATH Oct 15. 1966 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Male White 1901 WIDOWED DIVORCED T April 1. physician remove 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) RT. Carman Oldtown, Maryland B & O RR USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Pd P Ulysses Gordon Margaret Crabtree Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Rawlings, Md (Yes, no, or unkown) | (If yes give we ror detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN burial-transit per ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y arluneschio 1953 Conditions, if any, which geve rise to immediate cause **DUE TO** (a), steting the underlying PHYSICIAN ceuse lest. certificate the hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY as 0 CERTIFICATION PERFORMED? use prior NO X for 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter natura of injury in Part I or Part II of item 18.) defached (IF EITHER, NOTIFY MEDICAL EXAMINER) É. 2Dc. TIME OF INJURY Month, Dey, Year 2Dd, INJURY OCCURRED | 2Da, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) ŏ factory, street, office bldg., atc.) While Not Whila DIRECTOR: et work et work p.m Oz 15 1966, that (1) (we) last saw the deceased alive on Local 14 19.66, and that death occurred at 945M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF HOSPITAL FUNERAL page X PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ector, T. C. Giffin .M.D. filed Keyser, West Va. 23e, BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 0:48 REMOVAL (Specify) Burial 18, 1966 Waxler Cemetery Rawlings, Md. 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4)(Keyser, West Va. 2DM 5-63

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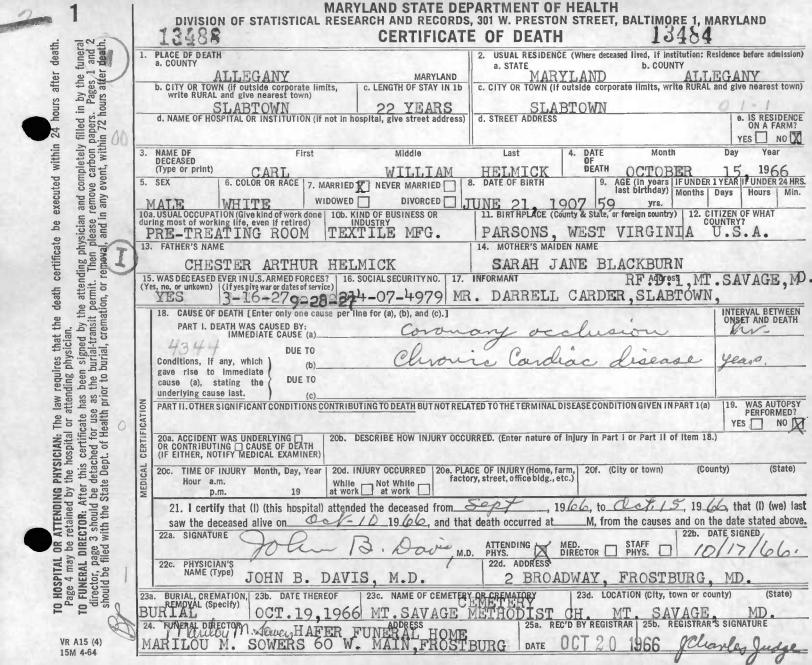
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13486 The law requires that the death certificate be executed within 24 haurs after death. death, and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH O. COUNTY ALLEGANY O. STATE VA MARYLAND hours after b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 AUGUSTA DAYS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS event, within 72 MEMORIAL HOSPITAL YES NO V Middle HAINES 4. DATE 3. NAME OF First Dov Year 66 OF OCT. DECEASED CHERYL DEATH (Type or print) 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH d camp S SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours 9/28/66 FEMALE WHITE WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? A during most of working life, even if retired) INDUSTRY ROMNEY. W. VA. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, MYRTLE CORBIN THOMAS HAINES 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. MEMORIAL HOSPITAL, CUMBERLAND. MD. (Yes, no. or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), ond (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital or attending this certificate has been Health priar ta use as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached f te Dept. af l (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20e. PLACE OF INJURY (Home, form, 20f. (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, office blda., etc.) Hour o.m. Not While of work ot work FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 10-2 , 19 66 to 10 - 4, 19 66 that (1) (we) last 19 6 and that death accurred at 9.30M, Arbin causes and an the date stated above 10-4 saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS NAME (Type) DR 500 GREENE ST. CUMBERLAND. MD. ROBERT DAWSON 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23b. DATE THEREOF 23o. BURIAL CREMATION. REMOVAL (Specify) Hampshire. Shanks. Dale Cemeteru 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 on Augusta, West

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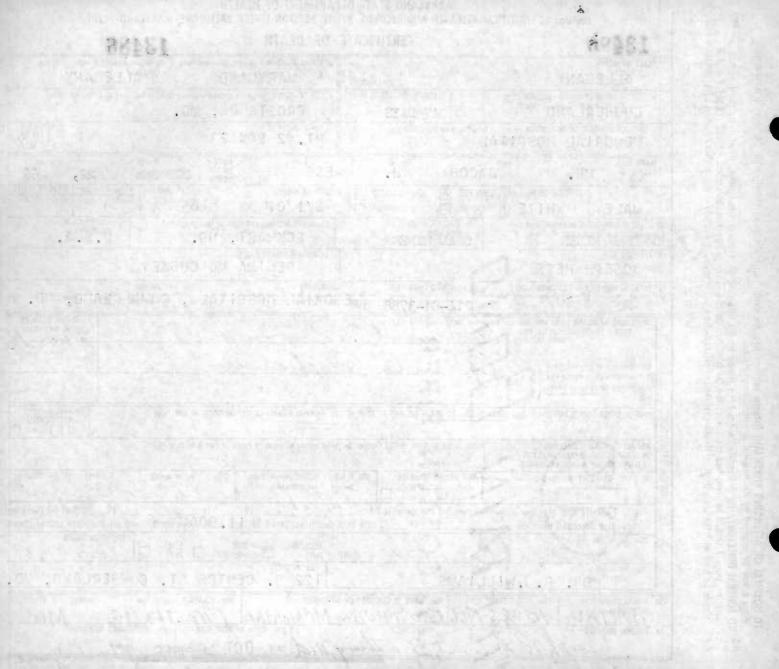


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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DIEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Page 0 b. CITY DR TDWN (If autside carparate limits, write RURAL and give nearest town) Maruland Alleganii MARYLAND within 72 haurs after death c. LENGTH DF STAY IN 1b c. CITY OR TDWN (If autside carparate limits, write RURAL and give nearest tawn) and P.M3. Cresaptown. Maryland Cumberland d. NAME OF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? farm Give Pages 1, Alana Winchester Rd Memorial Hospital ND X YES | after death. along with NAME OF Middle 4 DATE Manth Day Year DECEASED Hershberger 7 Type ar print) Oct Theadane Raumond DEATH 1966 with S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years lost hirthdoy) Months Haurs Days Item 18. Male White WIDDWED DIVDRCED Nov. 27. 1885 event 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Corp. during most of working life, even if retired) COUNTRY? 24 Retired. Janiton Examiner's = Panoso Fibres Manuland pencil 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME be executed within Susan Shook Abraham Hershberger .⊆ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ward "pending" i the Chief Medical (Yes, na, ar unknown) (If yes give war ar dates af service remayal permit Mrs. Leonard Stouffer, Cresaptown. Na 214-07-1907 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit CORONARY OCCLUSION OL IMMEDIATE CAUSE (a) certificate shauld cate, writing the ward be farwarded to the C burial, crematian, DUE TO CORONARY SCLEROSIS Canditions, if any, which gave rise ta immediate couse (a), DUF TO stoting the underlying couse 0 go PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? the certificate, NO 10 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) its designated agent, priar shauld CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) may be retained far your FUNERAL DIRECTOR: Page please execute at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X, Inquiry X and in my apinian the funeral director. Natural causes KX. Suicide . deoth resulted fram: Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUNE.
Health or it TO DEPUTY DEPUTY MEDICAL EXAMINER October 15. BENEDICT SKITARELIC. **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) Cumberland. 23b. DATE THEREOF BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 10/18/66 Allegany. Cumberland Hillorost Burial Panb 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Meliante VR A15ME (5) 6M 1/66 1966 Wayne George, Cumberland.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY O. COUNTY LEGANY a. STATEMARYLAND LEGANY MARYLAND filled in by the fur papers. Pages 1 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, FROSTBURG. MD. 47 DAYS d. STREET ADDRESS RT.#2 BOX 23 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM event, within 72 MEMORIAL HOSPITAL NO A HESS 3. NAME OF Middle 4. DATE remave corbon Dov Year ottending physician and completely permit. Then please remave corban DECEASED JACOB J. 19 66 MR. OCTOBER 22. (Type or print) DEATH IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED (St.birthday) Doys Haurs 6/1/01 WHITE MALE WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? A ECKHART. MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME REGINA MC CUSKEY JOSEPH HESS 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) MEMORIAL HOSPITAL . CUMBERLAND. MD. 214-01-3788 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), DUE TO stating the underlying couse this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, affice, bldg., etc.) Hour a.m. While at wark at work O FUNERAL DIRECTOR: After 19 /, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ and that death occurred at 11.500 Adm causes and on the date stated above saw the deceased alive on_ 19 . 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22 PHYSICIAN'S NAME (Type) R. CUMBERLAND 122 S. CENTRE ST. R.J.WILLIAMS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. OATE THEREOF 23a. BURIAL, CREMATION, OSTBURG MEMORIAL - MCSTBURG 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE 1966



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY Db. COUNTY Pages after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) remove carbon papers. Pag any event, within 72 hours hours filled in A NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO X YES completely executed within NAME OF 3. Middle DATE Month Day DECEASED OF DEATH (Type or print) 1966 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last, birthday) | Months | Days | Hours | Min. 7. MARRIED DATE OF BIRTH 9. NEVER MARRIED [DIVORCED attending physician a brune, Then please re the of emoval, and in 므 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHELACE (County & State or foreign country) pe during most of working life, even if retired) INDUSTRY certificate FATHER'S NAME MOTHER'S MAJDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) death transit per cremation CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN been signed by the burial-transit or to burial, crems ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. MYOCARDIAL IN FARCTION IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health r this certificate is detached for use te Dept. of Health PERFORMED? CHRUNIE. LYMPHATIC NO C LEUKIEMIN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While at work at work p.m. be retained 10-10 21. I certify that (I) (this hospital) attended the deceased from. 19 65 to 10-23, 1966, that (1) (we) last .19.66, and that death occurred at 69M, from the causes and on the date stated above. 10 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page MED. DIRECTOR STAFF 10-24-60 M.D. PHYS. 4 may TO FUNERAL director, p PHYSICIAN'S 22d. ADDRESS NAME (Type) 126 W. SMALLWOOD Chick L. MICHABL 23a. BURIAL, CREMATION, 23b. DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State REMOVAL (Speck) FUNERAL DIRECTOR REGISTRAR'S 25a. REC'D BY REGISTRAR 25b. ADDRESS 66 VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral o. COUNTY a. STATE b. COUNTY Maryland Allegany Allegany MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 Cumberland Cumberland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS 23 Virginia Avenue Sacred Heart Hospital YES NO NO the ottending physician and campletely ti sit permit. Then place remove carbon nation or removal, and in any event, with 3. NAME OF Middle 4. DATE First Lost Manth Year DECEASED Boyd Hosier 1966 W. 10 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH **NEVER MARRIED** 72 yrs. Manths Haurs 10/27/93 Male White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign cauntry) 12. CITIZEN OF WHAT during mast af warking life, even if retired) **INDUSTRY** COUNTRY? B & O (retired Martinsburg, W. Va. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME P. Marshall Hosier Martha Willard 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. ar unknown) (If yes give war or dates of service 705-07-8726 patient's chart IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying cause the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) detoched for use te Dept. of Heolth NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While at wark 21. I certify that (1) (this haspital) attended the deceased from 2, -2-, 194, that (1) (we) last _, 1965, ta_ saw the deceased alive an 10=6-1966, and that death accurred at_ _M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Greene St., Cumberland, Md. Dr. Lewis Brings, M.D. NAME (Type) directar, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) Oct. Queens Point Cemetery Keyser, W. Va.

ADDRESS

James F. Scarpelli, Cumberland, Md.

25b. REGISTRAR'S SIGNATURE

1966

Charles

2So. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

O FUNERAL DIRECTOR: After this certificate has been

requires that the death certificate be executed within 24 hours after death.

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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) . COUNTY director. Page Health, b. COUNTY Allegany files. Maryland MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Lonaconing Poolesville ,MD.
d. STREET ADDRESS 1/2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar o . IS RESIDENCE ON A FARM? Nurseing Home retained he State B YES NO death. 3. NAME OF and 3 to the fur Middle Last 4. DATE Month Dey Year DECEASED OF the age 5 may be re 1 and 2 with the 72 hours after of (Type or print) WALTER DEATH /15/1966 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Male WIDOWED DIVORCED 79 yrs. executed within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired) in Item 18. Give Pages 1, Retired Farmer USA Maryland pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Hoskinson File Gertrude Fletchall event WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO.1 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give werer detes of service) Estella Hoskinson, Poolsville, MD. Office along with any No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 2 burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Occlusion Coronary "pending" in pencil IMMEDIATE CAUSE (e) ICAL EXAMINER: This certificate should be DUE TO removal. Coronary Sclerosis Conditions, if eny, which Sudden (b) gave rise to Immediate cause 10 Medical Examiner's DUE TO Se (e), steting the underlying ö cause last. be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? certificate, writing the word NO A plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) of forwarded to the Chief Med AL DIRECTOR: Page 3 should adent, prior to burial, c PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes. Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL lease execut should be for FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER X EXAMINER'S Benedict Skitarelic Cumberdand city MD or county) NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) OH Q40 6 Monocacy RAR'S SIGNATURE 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR VS. A15ME W.C. Hilton Barnesville. Maryland. 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13494 requires that the death certificate be executed within 24 hours ofter death ond completely filled in by the funeral remove carbon popers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY a. STATE ALLEGANY MARYT.AND ALLEGANY popers. Pages 1 hin 72 hours ofter MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) FROSTBURG, 20 DAYS FROSTBURG. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) MINERS HOSPITAL 68 W. MAIN STREET YES NOXX 3. NAME OF 4. DATE First Last Month Doy Year DECEASED GEORGE DEATH OCTOBER G. **JEFFRIES** 18th. 1966 (Type or print) IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Dovs Hours AUG. 11th, 1879 MALE WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind af wark dane during most af working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY RET. CUSTODIAN

13. FATHER'S NAME ELKS LODGE MARYLAND TISA 14. MOTHER'S MAIDEN NAME SAMUEL JEFFRIES SUSAN HOCKING Address 68 W. MAIN ST. 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor ar dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO. 0 MRS. EDITH JEFFRIES, FROSTBURG. MD. 213-12-9031 cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH BRAIN SYNCROME IMMEDIATE CAUSE (o). DUF TO CEREBRAL ARTERIOSCLEROSIS Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause Poge 4 may be retoined by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION be detoched for use State Dept. of Health NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20f. (City ar tawn) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Manth, Day, Year Haur a.m factory, street, affice blda., etc.) Not While ot work ot wark 21. I certify that (I) (this haspital) attended the deceased fram Sept. 28, 1966, to Od. 18, 1966, that (I) (we) last saw the deceased alive an Oct. 18, 1966, and that death accurred at 3.35 M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. director, poge 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S GNE MAIN ST- FROSTBURG, MA 11 PAIGE STRONG NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION, (County) FROSTBURG, REMOVAL (Specify) FFOBG. MEMORIAL PARK 10-20-66 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 1966 FROSTBURG, MD. 20 M 1/66 JOSEPH R. DURST, SR. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13495 requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND campletely filled in by the vithin 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FROSTBURG T.THE. FROSTBURG e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 40 GRANT STREET YES NO IX MINERS HOSPITAL 3. NAME OF Middle 4. DATE First Lost Year DECEASED 19 66 JONES (Type or print) ELMER DEATH IF UNDER 24 HRS. AGE (In years IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED DIVORCED JIII.Y 19. 1902 physician and c MALE 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** and MARYLAND POWDER HERCULES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JANE ARTHUR ENOCH JONES IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) I(If yes give wor or dotes of service) MRS. MARGARET JONES, FROSTBURG, MD. 274-07-7473 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be retained by the haspital ar attending has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO K O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (1) (this haspital) attended the deceased fram 10-28-, 1966, ta 10-29-, 1966, that (1) (we) last saw the deceased alive an 10-29- 1966, and that death accurred at 4:20 PM, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) TRONG FROSTBURG directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION. BURIAL (Specify) FB'G. MEMORIAL PARK FROSTBURG 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) JOSEPH R. DURST, SR., FROSTBURG, MD.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13498 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remove carban papers. Pages 1 and 1 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH ALLEGANY a. COUNTY a. STATE b. COUNTY ALL FGANY MARYLAND MARYL AND c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 135 ARCH STREET MEMORIAL HOSPITAL YES NO X Middle 4. DATE 3. NAME OF Manth First MAR DECEASED KALBAUGH (Type or print) DEATH IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED Hours 12-30-1888 FEMALE WHITE WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or fare country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT the attending physician ar nsit permit. Then please r matian ar removal, and in during most of warking life even if retired) INDUSTRY MARYLAND -CUMBERL Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ALLEN CATHERINE OSS Ebenezer 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na. ar unknawn) I(If yes give war ar dates af service MEMORIAL HOSPITAL. CUMBERLAND. MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit 2 days IMMEDIATE CAUSE (a) Congestive Heart Failure signed by Acute Stroke with left hemiplegia. Canditians, if any, which gave rise to immediate cause (a). 5 days cerebral edema and coma stating the underlying cause the haspital ar attending has been use as the (c) Arteriosclerotic CVD Years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES | TO FUNERAL DIRECTOR: After this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While at wark at wark be retained by 21. I certify that (i) (this haspital) attended the deceased fram October 101966, ta Oct. 15, 1966, that (I) (we) last saw the deceased dive an Oct. 15, 1966, and that death accurred at 5:40, from causes and an the date stated above. ploods 22b. DATE SIGNED 22a SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 75 10-17-66 M.D. director, page shauld be filed 22d. ADDRESS PHYSICIAN'S NAME (Type) DR. DOERNER Jr., MECHANIC.CUMBERLAND.MD. M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Oct. 18,1966 Cumberland, Md. Allegany Rose Hill Cemetery 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. EUNERAL DIRECTOR Scarpelli, Cumberland, Md. Meliarley VR A15 (4) 20 M 1/66 1956

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MARYLAND STATE DEPARTMENT OF HEALTH

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the y the sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	VEEN EATH
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de E e E	22a. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. DIRECTOR PHYS. 10.3).66	, b
TO HOSPITAL OR Page 4 may be for FUNERAL DIRE director, page 5 should be filed by	NAME (Type) LR MILEY JR LONGCONING M)	te)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13500 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral new prease. Pages 1 and available and any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) RROSTBURG FROSTBURG. 4 WEEKS e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) MINERS HOSPITAL 40 WASHINGTON ST. NO XX 3. NAME OF Middle 4. DATE Year DECEASED OCT. ALBERT LAEMMERT 15TH. 19 66 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months Hours SEPT. 22nd, 1880 MALE WHITTE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR during most of working life, even if retired)
RET. JANITOR COUNTRY? MARYLAND CORP. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remay HENRY LARMMERT KATHERINE BRODE Addres O WASHINGTON ST. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Or I FROSTBURG, MD. 215-10-4466A Mrs. CLARA LAEMMERT, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending r this certificate has been detached far use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m foctory, street, office bldg., etc.) Not While ot work O FUNERAL DIRECTOR: After of work 3 shauld be with the State 21. I certify that (1) (this haspital) attended the deceased fram So 1966, ta 00115, 1966that (1) (we) last 19 66 and that death accurred at M. fram causes and an the date stated above. saw the deceased alive an 1908 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. **ATTENDING** director, page 3 22d. ADDRESS 22c. PHYSICIAN'S 2 BROADWAY. FROSTBURG. MD. JOHN B. DAVIS. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) F'BG. MEMORIAL PARK 10-18-66 MD FROSTBURG. 25b. REGISTRAR'S SIGNATURE **ADDRESS** 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Marley 1966 JOSEPH R. DURST, SR. FROSTBURG, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13503 impletely filled in by the funeral ve carban papers. Pages 1 and event, within 72 haurs after deaf PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND ALLEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give negrest town) write RURAL and give nearest town) wks. CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SACRED HEART HOSPITAL 16 POTOMAC STREET YES NO TO NAME OF Middle First Lost 4. DATE Month Dov Year DECEASED (Type or print) DATSY DEATH I.TPSCOMB OCHORER 9. AGE (In years lost birthdoy) S. SEX 6. COLOR OR RACE IF UNDER I YEAR IF LINDER 24 HRS 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Months Doys Hours WIDOWED DIVORCED WHITE 72-72-89 FEMALE. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired INDUSTRY COUNTRY? Home Housewife AURORA, W.VA. II S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ph OLIVE (HARDESTY) TSSAAC WORING WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 20 PT'S CHART no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEAT IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse the O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? NO T YES -20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.)

requires that the death certificate be executed within 24 haurs after death PHYSICIAN: The TO HOSPITAL OR ATTEND Page 4 may be retained

ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 1900 19 that (I) (we) last saw the deceased alive an D and that death accurred at M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR

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1966

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

(Stote)

M.D.

22c PHYSICIANS 22d, ADDRESS NAME (Type) GREENE ST CUMBERLAND, MARYLAND 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)

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FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13502 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DER 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 2, and 3 to PM3. Page Allegany o. STATE b. COUNTY Maryland Allegany to 4 MARYLAND Department b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)
Cumberland. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside carparate limits, write RURAL and give negrest town) after Cumberland. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS in Item 18. Give Pages 1, r's Office alang with farm haurs Memorial Hosp. 508 Marshall St. ate YES NO X haurs after death. NAME OF First Middle 5 Lost 4. DATE Manth Day Year within 72 DECEASED Loeber Conrad October 19 66 George. DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs Male White WIDOWED 2/5/87 DIVORCED event 0 and 10o. USUAL OCCUPATION (Give kind of work dane during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? à l Cumb. Health Dept. Cumberland, Maruland ward "pending" in pencil in the Chief Medical Examiner's Custodian pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Conrad Loeber Emma Judu and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Md. permit. (Yes, no, ar unknown) (If yes give war ar dates af service) remaval. Mrs. Wanda L. Shrout 508 Marshall St. Cumb. 214-05-6263 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSEJ AND DEATH PART I. DEATH WAS CAUSED BY Contusions of brain ar IMMEDIATE CAUSE (a) 904.0 This certificate shauld e, writing the ward forwarded ta the Ch burial, crematian, DUE TO Skull fracture 5 days Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES XX please execute the certificate. Ng [to Pe 20a. EXTERNAL CAUSE WAS PRIMARY 💢 ar CONTRIBUTING 🗆 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior Fell at daughters home CAUSE OF DEATH 20f. (City ar tawn) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (Caunty) (State) Not While factory, street, affice bldg., etc.) be retained far your FUNERAL DIRECTOR: Page 66 2:00 Cumberland. at wark designated 21. I certify that I taak charge of the remains described above, held an Autopsy [X], Inspection X Inquiry X and in my apinian the funeral directar. Accident V death resulted fram: Natural causes 7 Suicide . Hamicide 🗍 Undetermined manner CHIEF MEDICAL EXAMINER 10/7/66 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Rt. #9 Б DEPUTY MEDICAL EXAMINER **EXAMINER'S** FUNE! Address (Street, city, town, or county) Cumberland. NAME (Type) Benedict Skitarelic. M.D. Md. 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Md. 10/7/66 Rose Hill Cemeter Cumberland. Alleaany. 24. FUNERAL DIRECTOR REGISTRADES SIGNATURE 1966 ADDRESS 2Sa. REC'D BY REGISTRAR VR A15ME (5) OCT 13 H. Wayne George Cumberland.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13503.

CERTIFICATE OF DEATH

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1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where deceased			re odmission)
	o. COUNTY	Allegany		MAD	YLAND	Marylan	hd	b. COUNT	llegany	
-	b. CITY OR TOWN (If outside corporate limits		c. LENGTH OF STAY		c. CITY OR TOWN (If	outside comorate	limits, write RIR	AL ond give negres	st town)
	write RURAL on	give neorest town)	,	C. LENGTH OF STATE			outside torporore	minis, wine none		, , , , , , , , , , , , , , , , , , , ,
	Frost						coning		011	W Decidence
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospital, g	give street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM2_
	Min	ers Hospi	tal			Don	iglas A	ve.		YES NO K
3.	NAME OF	Fir	rst	Middle		Lost	4. DATE	Month	Doy	Year
	(Type or print)	MARY		M.		LOVE	OF DEATH	10/	7/1966	19
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH	9	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	White	WIDOWED	DIVORCE		6/7/1880	8	lost birthdoy)	Months Doys	Hours Min.
-		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Coun		-	12. CITIZEN OI	F WHAT
	ring most of working	life, even if retired)		DUSTRY					COUNTRY	?
10	Non	8				Watchie		wa	USA	
13.	. FATHER'S NAME	200 2	36 .			14. MOTHER'S MAIDEN				
		Michael					ah Jon			
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	f service) 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	1 1134	Addres	S	
(1)	NO NO	(If yes give wor or dotes o	Selvice	None	M.	rs. Alice	Love.	Freder	rick. M	D.
		EATH (Enter only one cou				0 (1 Law INT	TERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	10		-0	Pachon	(Duug	11001 -11	I Daw ON	ISET AND DEATH
	1100	IMMEDIATE CAUSE		Mockerda	av.	God Chen	vaca.			
	Conditions, if ony	DUE	60	1 - 1 - 1	0.	1.	-	Vlere	1 1000	MARS
	rise to immediat	e couse (a)	(b) <u>(b)</u>	romany	120	chemio	5 1-000	affina	secto 6	770037
	stoting the unde	rlying couse DUE	10	2	0	0	^		110	0
	last.)	(1) rg	vanced	les	renoscie	nosis		19	and
_	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO 1	THE TERMINAL DISEASE C	ONDITION GIVEN	IN PART 1(o)	19.	WAS AUTOPSY PERFORMED?
4110	Und	agnosed	GI	bleading					Y	ES NO
FE	20o. ACCIDENT WA		205. DE	SCRIBE HOW INJURY B	CURRED.	(Enter noture of injury i	n Port I or Port I	of item 18.)		
CERT		CAUSE OF DEATH MEDICAL EXAMINER)								
Y	-	JRY Month, Doy, Year	204 18	UJURY OCCURRED	20a PLA	CE OF INJURY (Home, fo	rm. 20f.	(City or town)	(County)	(Stote)
MEDICAL CERTIFICATION	Hour o.i	n.	While		foct	ory, street, office bldg., et	(c.)	city of lowing	(coom)	(31010)
2	p.i		ot work					216- 2	107-1	40
		fy that (1) (this has	pital) atten	ded the deceased	fram 2	est 9,	19 <u>66</u> , to			hot (I) (we) los
		eceased alive an	احام	1906,	and tha	t death occurred o	II PM,	fram causes o		
	220. SIGNATURE	1000		A		ATTENDING 6-1	MED	STAFF -	22b. DATE SIGN	
	3	JUINU	21	1	M.I	D. PHYS.	DIRECTOR L	PHYS.	10.8	.66
	22c. PHYSICIAN'S		1150	400	1 0	22d. ADDRESS			100	
	NAME (Type) L. 17.141	1722	JK. I	1.D.	701	ACON	ING,	NID.	
23	o. BURIAL, CREMATIO	ON, 23b. DATE THE	EREOF	23c. NAME OF CEM	ETERY OR	CREMATORY	23d. LOCA	TION (City or Tow	n) (County	(Stote)
	Burial Specify	10/7	1966	Oak Hi]	11 C	emetery	-	aconing		
2	4. FUNERAL DIRECTO			ADDRESS			C'D BY REGISTRAL	25b. REG	SISTRARIS SIGNATU	RE O. Jao
		EICHHORN	Ton	aconing,	MD		OCT 1	1 1966	Juan	as Judge
	GEOTEGE	TOTHIOTH	TOI	laconrug,	יעויו	DATE	OU T	T	U	· · · · · ·

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 VR A15 (4) 20 M 1/66

director, page 3 shauld be detached far use as the burial-transit permit. shauld be filed with the State Dept. af Health priar to burial, crematian, ar r

Page 4 may be retained by the hospital ar attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

and in any event, within 72 hours after death

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	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAKE	RYLAND
FOR STATE	13584 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13	3500
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Res a. STATE b. COUNTY	sidence before admission)
be be tith.	Allegany Maryland Allegany D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Maryland C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	env and give neerest town)
the functal e 5 may be Department after death.	Cumberland 50 yrs. Gymberland LaVale Md.	01.1
in the see 5 after 5 a	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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ny do 2, an M3. the 72 h	3. NAME OF DECEASED GO	11 ¹⁹ 66
ith. If all form P form P within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS Days Hours Min.
eath. Page th fo	Male White WIDDWED DIVORCED NOV. 8.1898 70 yrs.	FIZEN OF WHAT
ter deagive Page Sive Page 3 with 1 and 2 event	during most of working life, even if retired) INDUSTRY	UNTRY?
burs after 18. Garage along pages 1 in any	In surance Agent Insurance New York State II. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	.S. A.
tem Item Office office pa	Henry H. Macy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	gne
in 24 in 17 in 17	(Yes, no, or unkown) (If yesgive war or dates of service)	
withi pencil miner permi	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
uted " in Exam Sit		Sudden
ild be executed "pending" in "pending" in Medical Exan is burial-transit cremation, or i	Conditions, If eny, which \ Coronary Sclerosis	direct depth world game
Med be Med buria	gave rise to immediate cause (a), stating tha DUE TO	
shoul Chief chief ial,	underlying causa last. (c)	19. WAS AUTOPSY
ficate shoul the word o the Chief used as a to burial,	FARTH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
EXAMINER: This certificate should be executed within 24 hours after death. If any delay is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be riles. 108. Page 3 should be used as a burial-transit permit. The pages 1 and 2 with the State Department designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	
write arde ould it, pr		nty) (State)
R: This cate, write forward forward a should agent, p	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While et work et work to be work to be at work to	ity) (State)
MINE d be Page ated	p.m. 19 at work et work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection xx, Inquiry x,	and in my opinion
the certificates the certificates the certificates to the certificates the	death resulted from: Natural causes 🔟, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner	
A D D S	ACTUAL BOUNDAIN BOUND	22. DATE SIGNED
Page Page I for you	DEPUTY MEDICAL EXAMINER COctober 1	1, 1966
O DEPUTY MEDIS please execute director. Page 4 retained for your O FUNERAL DIREC of Health or its	EXAMINER'S NAME (Type) Benedict Skitzrelic, M.D. Address (Street, city, town, or council tumberland) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or council tumberland)	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13505 CERTIFICATE OF DEATH deoth. The law requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages J'and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF OEATH O. STATE MARYLAND · COUNTY LEGANY b. COUNTY MARYLAND ALLEGANY ve carban papers. Pages 1 event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside cornarate limits, write RURAL and give negrest town) 12 DAYS WESTERNPORT. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) RT.#1, BOX 121 MEMORIAL HOSPITAL YES NO [3. NAME OF Middle 4. OATE First Month Dov Year DECEASED OF DEATH OCTOBER 25 66 ERNEST MARTIN (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS. OATE OF BIRTH 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DEC. 22,1888 birthdoy) Months Oovs Hours WHITE MAEE WIOOWEO OIVORCED 10o. USUAL OCCUPATION (Give kind of work done during to the work in life, even if retired) 11. BIRTHPLACE (County & Stote, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT de Hetery WESTERNPORT.MD. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EMMA WRIGHT ROBERT MARTIN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service) 215-10-8015 MEMORIAL HOSPITAL, CUMBERLAND. MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND OFATH monhagie IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been as the and Cener 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? far use CERTIFICATION Health NO YES 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Ooy, Year foctory, street, office bldg., etc.) Not White ot work 21. I certify that (I) (this haspital) attended the deceased from 13 1966 to Coet 25 , 1966 that (1) (we) last saw the deceased alive an Oct 24 1966, and that death occurred of 20 M, from causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 10-26-66. DIRECTOR PHYS. directar, page 3 shauld be filed v M.O. PHYS. GROV 22d. AODRESS 22c. PHYSICIAN'S NAME (Type) S. CENTRE ST. CUMBERI AND MD 23d. LOCATION (City or Town)
Westernport 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) B. REMOVAL (Specify) Md. 10/28/66 Philos ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Westernport, Md. VR A15 (4) 20 M 1/66 Charley 1966

MARYLAND STATE DEPARTMENT OF HEALTH

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EARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Allegheny Allegheny MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give negrest town) Grant St. Frostburg d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street address) 0 d. STREET ADDRESS . IS RESIDENCE ON A FARM? Miners Hospital YES NO 1 3. NAME OF DECEASED Middle 4. DATE Month Dey OF (Type or print) DEATH 8 19 66 Frances Martin Oct. 5 SEX 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthdey) Months Female WIDOWED DIVORCED within 24 hours after 18. Give Pages 1, 2, and the form PM3. Page 5 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Hwf. United States Maryland None File pages 13. FATHER'S NAME any Edith Preston Rose Martin Harry Preston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yesgive wer or detes of service) Mr. John V. Martin 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (al Cardiac-Pulmonary Failure Hours EDICAL EXAMINER: This certificate should be DUE TO Hours Barbiturate Poisoning Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY CERTIFICATION certificate, writing the word rded to the Chief Medical E. ECTOR: Page 3 should be burial PERFORMED? YES X NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Deceased accidently took large amounts of Tuinal prior 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) lectory, street, office bldg., etc.) While Not While Frostburg Allegany Md. ne certificate, warded to the DIRECTOR: P 100 et work of work of Home 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry X and in my opinion death resulted from: Natural causes Accident DC Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease exects should by FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER OCTOBER 8, 1966 ō **EXAMINER'S** BENEDICT SKITARELIC, M.D. TO DE.
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13507 CERTIFICATE OF DEATH and 2 requires that the death certificate be executed within 24 haurs after death DE COUNTY ALLEGANY physican and campletely filled in by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) DAYS van papers. Pag within 72 haurs CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) MEMORIAL HOSPITAL d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 126 SEYMOUR ST. YES NO T 3 NAME OF Middle 4. DATE Last Year DECEASED BERNARD MATTINGLY OF DEATH OCTOBER 66 19 IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED lest birthday) Months Doys Haurs 2-19-1890 MALE WHITE and in any WIDOWED DIVORCED 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, eyen if retired) ator-Construction U COUNTRY? MARYLAND-CRESAPTO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, BERNARD A. MATTINGLY ELIZABETH RUHL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknown) (If yes give war ar dates of service) a MEMORIAL HOSPITAL CUMBERLAND. MD. 274-05-8546 crematian, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES | far 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Not While 19 at wark at work 21. I certify that (I) (this haspital) attended the deceased fram. shauld from couses and an the date stated above. and that death accurred at saw the deceased alive on-22a. SIGNATURE 22b. DATE SIGNED 66 directar, page 3 shauld be filed v M.D. PHYS. DIRECTOR 22d ADDRESS CUMBERLAND, MD. 22c. PHYSICIAN'S S. WEISMAN G. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Oct.31,1966 Cumberland . Md . - Allegany St. Patrick's Cometery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charley Scarpelli, Cumberland. 1966 VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a Agung gany b. COUNTY Mary land Allegany MARYLAND by the Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours hours Frostburg. .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? YES NO ST NAME OF completely i executed within 3. Middle DATE Month Day Year 4. OF DEATH DECEASED 19 66 Mattingly Hafer Pear 1 in any event, (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Ist birthday) | Months | Davs | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Days 1895 Female White WIDOWED X Jan.9. DIVORCED 10a, USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) The law requires that the death certificate be INDUSTRY number land. Maryland DEATHHABAS Y State busines Funeral Director Owned 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie Trescher or reprova Hafer Hafer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. been signed by the atterthe burial-transit permit to burial, cremation, or (Yes, no, or unknown) (If yes give war or dates of service) Martiou M. Sowers Frostburg no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. DUE TO Conditions, if any, which gave rise to Immediate DUE TO cause (a), stating for use as the underlying cause last. (c) After this certificate has WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NONE NO X YES ! 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of MEDICAL (State) (County) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at Work be retained by TO HOSPITAL OR A Page 4 may be retained 10 FUNERAL DIRECTOR: After the Page 3 should be page 3 should be page 4 should be page 5 should be page 5 should be page 6 should be page 6 should be page 7 should be page 7 should be page 7 should be page 8 should be page 8 should be page 8 should be page 9 should be pag at work 19 66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 66, and that death occurred at 2,300, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING PHYS. MED. M.D. PHYS. 22d. ADDRESS PHYSICIAN'S NAME (Type) Martin M. Rothstein Broadway, Frostburg, 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Park Frostburg 25a. REC'D BY REGISTRAR 25b. Frostburg Mem. 250. REGISTRAR'S SIGNATURE Sowers. 24. FUNERAL DIRECTOR 1966 VR A15 (4) Home. 60 15M 4-64

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3 to the idector. Page 1917 to the idector. Page 1917 to retain for your files. In the State Department of HINDS hours after death.

TO DEPUTY TOICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please exect

3 certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 end 3 to the 4 should be served to the Chief Medical Examiner's Office along with form PM3. Page 5 and 5 per retainer to TUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the 5th beauth or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours a

VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13509 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13509

. PLACE OF DEAT				
	H		2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidance bafore admission
	Allegany	MARYLAND	Maryland b. county	Paggini
	(if outside corporata limits d give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and	legany give nearest town)
Cunber	Land.		Rt. # 2 Flintstone	01-1
d. NAME OF HOSP	ITAL OR INSTITUTION (if	not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENC ON A FARM
Memoria	ul Hosp.		Along U. S. Rt. # 40	YES NO
DECEASED	First	Middl*	Lest 4. DATE Month OF	Day Year
(Type or print)	Nina		May DEATH October	17. 19 66
, SEX	6. COLOR OR RACE	. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS
emale.	White	WIDOWED Y DIVORCED	Feb. 28. 1891 To yrs. Months D	Days Hours Min.
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es, no, or unkown) (rek in U.S. ARMED FORC Ifyasgivawarordatasofsar	vice)	INFORMANT Address	
No,		None Mr.	. Harvey W. May 717 Princeton St.	Cwnb. Md.
		ause per tine tor (a), (b), and (c).)		INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	CORONARY OCC	CLUSION	ONSET AND DEATH
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31	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13510 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13516
HEALTH DEPT	1. PLACE OF DEATH a. COUNTY ALLEGANY
cessary, cere funeral e 5 may be Department after death.	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) CUMBERLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) CUMBERLAND
to Dep	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL d. STREET ADDRESS ON A FARM? YES NO X
M3. Page M3. Page The State	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF OF DECEASED (Type or print) MICHAEL DEWEY MCKENZIE DEATH OCTOBER 5, 19 66
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with with and event	MALE WHITE WIDOWED DIVORCED JAN 29, 1902 04 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAB DRIVER WIDOWED DIVORCED JAN 29, 1902 04 yrs. 11. BIRTHPLACE (State or foreign country) LOUNTRY? ASTOR CAB CO. MARYLAND 12. CITIZEN OF WHAT COUNTRY? U.S.A.
age alc	13. FATHER'S NAME GEORGE McKENZIE 14. MOTHER'S MAIDEN NAME DORA MCKENZIE
hin 24 hoursil in Item r's Office nit. File p	75. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 121 W. FRIST ST., NO 215-26-6848 RONALD E. MCKENZIE, CUMBERLAND, MD.
uted within in pencil is Examiner's tsit permit.	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Contusions of Brain; Subdural Hem. INTERVAL DETWEEN ONSET AND DEATH 6 days
uld be executed I "pending" in Medical Exar Burial-transit cremation, or	Conditions, If eny, which gave rise to immediate cause (a), stetling the DUE TO DUE TO Skull Fracture 6 days
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forv forv 3 sl	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street Cumberland, Alleg. Md.
EXAMINATION OUT THES. RECTOR: Page 4 Should Out Thes.	21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted from: Natural causes , Accident X, Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE SIGNATURE (M.D. ASSISTANT MEDICAL EXAMINER) 22. DATE SIGNED
A fo P	EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M. D. DEPUTY MEDICAL EXAMINER X OCTOBER 5, 1966 Address (Street, city, town, or county) R.D. 9, CUMBERLAND
TO DEPUTY please e director. retained TO FUNER/ of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) OCT. 8 166 ST. MICHAEL'S CEMETERY FROSTBURG, MD. 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15ME (5) 5M 1/65	JOSEPH R. DURST, SR., FROSTBURG, MD. DATE OCT 10 1966 golden gudge.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 13514 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) delay is and 3 to Page a COUNTY o. STATE b. COUNTY Allegany ofter deoth. MARYLAND Allegany Maryland Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h c. CITY OR TOWN (If gutside carporate limits, write RURAL and give negrest town) Cumberland Cumberland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours Office olong with form 701 White Avenue Memorial Hospital YES NO X in Item 18. Give Poges ofter deoth. 3. NAME OF Middle First Lost 4. DATE Month Doy Year within 72 DECEASED the 0F 1.0 19 66 Arthur Meeks Vernon (Type or print) DEATH 9. AGE (In years S SEX 6. COLOR OR RACE 8 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours Doys 11/16/1914 DIVORCED White WIDOWED Male 24 hours event 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10b. during most of working life, even if retired) INDUSTRY O COUNTRY? Railroad Beland W. Carlton. Ohio ony Engineer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within pencil Exomine Arthur Gilbert Meeks Ethel Esther Hicks File puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address be executed (Yes, no, or unknown) (If yes give war or dotes of service) or removal, Marcella Gwendolvn Meeks 701 White Ave yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: Occlusion Coronary IMMEDIATE CAUSE (o) writing the word This certificate should crematian, DUE TO Thrombosis Coronary Hours Conditions, if ony, which gove rise to immediate couse (a), DUE TO 0 stoting the underlying cause farworded Coronary Atherosclerosis last. buriol, o 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMED? YES ON NO the certificate, 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) plnods designoted agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While at work at work FUNERAL DIRECTOR: P. 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection XX Inquiry TX and in my opinion Natural causes the funeral director. death resulted from: Accident [Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER XX October 23, 1966 TO DEPUTY EXAMINER'S SKITARELIC. BENEDICT Address (Street, city, town, or Gumberland, Maryland Heolth NAME (Type) 23o. BURIAL CREMATION. 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 50 REMOVAL (Specify)
Burial Md. Allegany 10/27/66 Davis Memorial Cemetery Cumberland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15ME (5) Melanle Jud 1966 Cumberland. 6M 1/66 Philip B. Wendt

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death physician and campletely filled in by the funeral to please remave carban papers. Pages I and Jol, and in any event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) MARYLAND ALLEGANY o. COUNTY b. COUNTY ALLEGANY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, DAYS rural BARITON. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)

MEMORIAL HOSPITAL. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES IN NO 3. NAME OF Middle 4. DATE OCTOBER First Lost Year MOORE 31 66 DECEASED STANLEY DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED (birthdoy) 4-29-1884 Months Doys WIDOWED DIVORCED MALE WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY 3 . A. during most of working life even LETEC. SHIBBRyard BARTON. MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GEORGE MOORE Alphema CLARK 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 212-12-8902 MEMORIAL HOSPITAL-CUMBERLAND. MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit 30 hours IMMEDIATE CAUSE (a) Pulmonary Edena DHE TO Conditions, if ony, which gove (b) Pulmonary metastases (left lung) of rise to immediate couse (o), carcinoma primary in left hand 8 months DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The faw re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been far use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Chronic lymphocytic leukemia NO S 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Not While foctory, street, office bldg., etc.) ot work of work 21. I certify that (1) (this haspital) attended the deceased fram Oct. 24. , 1966, ta October 314. 1,816at (1) (we) last saw the deceased alive an Oct. 31, 19 66, and that death accurred at 4:30M. Anon causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. **ATTENDING** 11-1-66 M.D. PHYS director, page 3 should be filed v 22d ADDRESS N. F. DOERNER. JR. MECHANNE ST., CUMBERLAND. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, near Barton. Allegany, REMOVAL (Specify) 11/2//66 Md. Good Hope Cem. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS Westernport, Md. DATE NOV 1966

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF BEATH O. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (M	where deceased lived. If institute and b. COUNTY	ion: Residence before admission) Allegany
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, write l	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	street address)	d. STREET ADDRESS	RD#1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ambrose First	Francis Mori	ris Last		er 5, 1966 Yeor
MATA White	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH April 15, 1	9. AGE (In years lost birthdoy) 70 yrs	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done dains most of the kind life, even if retired)	10b. KIND OF BUSINESS OR INDU		e or foreign country) MAryland	12. CITIZEN OF WHAT COUNTRY?
Ambrose Morris		14. MOTHER'S MAIDEN Sarah Neu		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. 18 unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. II	Mrs. A.F. Morr	is, Mt. Savage	dressMaryland RD#1
1B. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO	Generalized m	elanomatos oma of the		INTERVAL BETWEEN ONSET AND DEATH
Couse (a), stoting the under: Variable Variable	ONS CONTRIBUTING TO DEATH BUT			IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 🔂
20c. TIME OF INJURY Manth, Doy, Year 2	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far ictory, street, affice bldg., e	rm, 20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital) as saw the deceased alive on UCt. 22a. SIGNATURE G. Farge 22c. PHYSICIAN'S NAME (Type) A. Paise St 23a. BURIAL, CREMATION, 23b. DATE THEREOF	Atrong	M.D. ATTENDING PHYS. 22d. ADDRESS	9. 96 o A MC t. 5 AM, from the couses o MED. STAFF DIRECTOR D PHYS. D S. Main St-Fri 23d. LOCATION (City, town,	
BUT121 (Specify) October 8,		Cemetery	Wellersburg,	Somerset Co., Pa.
Hawey H. Lleg Con		nsylvania PATE		Marla Dulas

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13518 CARROLL CAT enostini. boalvill , Legalval yearners of abel decid 280-10-2331 Ers. A.F. Darries St., Davage, Margland Bull Aurial Country Country collection, Section 3 to 10. 10. ALTER PRINTED TOTAL Balan Asi Si Masi Si IV.

MEDICAL EXAMINER'S REALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY Maryland Llegany MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) writa RURAL and give nearast town) Cumberland Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? Memorial Hospital -- DOA Jackson YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers IF UNDER 24 HRS. last birthdey) Months WIDOWED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Employee Kelly Tire CO. USA Nikep, MD. 13. FATHER'S NAME Joshua Munson Elizabeth Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or dates of service) Yes Mrs. Helen Munson Lonaconing, MD. War 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion Sudden IMMEDIATE CAUSE (e) DUE TO Thrombosis Coronary Conditions, if any, which gave rise to immediate couse DUE TO (a), steting the underlying Sclerosis Coronary PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) fectory, street, office bldg., etc.) While Not While et work | et work 21. I certify that I look charge of the remains described above, held an Autopsy X. Inspection X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER please exect the should be to FUNERAL I Health or its de ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER XX October 19, 1966 EXAMINER'S Address (Street, city, town, or cCumberland, Maryland 22e, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) View Cometery MOSCOW MD Lonaconing, MD.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13515 CERTIFICATE OF DEATH in by the funeral ers. Pages 1 and 2 72 haurs after death. requires that the death certificate be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany West Virginia van papers. Pages 1 within 72 haurs after MARYLANO Mineral b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Cumberland CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) Ridgeley d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Sacred Heart Hospital Barncord Si YES NO X carban 3. NAME OF First Middle 4 DATE Year and completely DECEASED Hugh Earnest Nester Oct. 2 19 (Type or print DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED remave 79st birthdoy) Dovs Hours Sept. 19,1892 MAT.E WHITE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Virginia Parsons. Maintenance Work Railroad 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Albert Nester (Deceased) Joretta Louginie Nester (deceased remor signed by the attending burial-transit permit. Th 16. SOCIAL SECURITY NO. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANTARS. Ada Nester Address 16 Barncord St. (Yes, no, or unknown) (If yes give wor or dotes of service) Patients chart 705-10-6100 Ridgeley, W. NO crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). ONSET AND OFATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if ony, which gove rise to immediate couse (o), **OUE TO** stoting the underlying couse Page 4 may be retained by the haspital ar attending the has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X TO FUNERAL DIRECTOR: After this certificate far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram. 1964 that (1) (we) last 19 66 and that death accurred of 7 M. fram causes and on the date stoted above. saw the deceased alive an_ directar, page 3 sho should be filed with 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Center St. Cumberland Leo H 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Fort Ashbu Mineral 0/5/66 FORT ASHBU Cometonu Burial 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Job Cumberland H. Wayne George

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

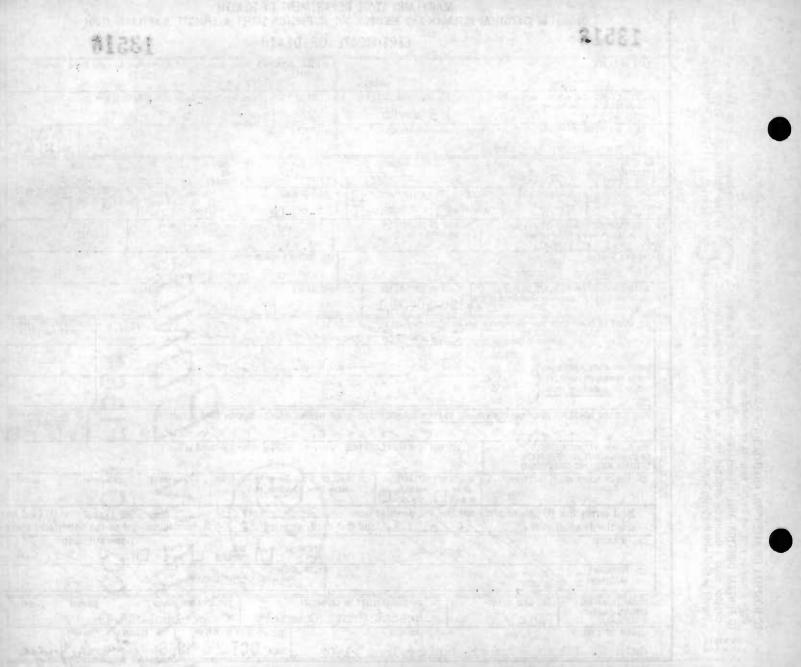
CERTIFICATE	OF DEATH 13544
13516	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY ALLE GANY MARYLAND	STATE MARYLAND COUNTY ALLE GANY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (If outside corporete limits, write RURAL end give nearest town) OR
TOWN LONACONING	TOWN CRESAPTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS KYLE NURSING HOME	STREET (If rurel give location) ADDRESS
3. NAME OF (First) (Middle) / PLECEASED (Type or Print) ANNIE FOY PL	(Lest) 4. DATE (Month) (Dey) (Year) OF DEATH OCT 30 1966
S. SEX 6. COLOR OR 7. STRIGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS.
- EMALE WHITE (Specify) WI DOWED SEPT	19, 1888 78 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSE WIFE	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	MEYERS DALE, VA 45A
MARTIN FOY	ELIZABETH CHRISTNER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? () 16. SOCIAL SECURITY NO. () 16. SOCIAL SECURITY NO.	MR. WILLIAM PLATTER PA
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
420 / IMMEDIATE CAUSE (A) Church Myco	ardial Occlusion -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	ic CV Disease 1921 years
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?
21e. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, ferm, fectory, 2	YES NO
OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	, 19 6 3, to Ct 30, 19 6 6, that I last saw the deceased
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME-OF CEMETERY OR	LONACONING MD 10.30.66
REMOVAL (SPECIFY)	(Siele)
BURIAL NOV 2 1966 UNION C 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	
DATE NOV 3 1966 Johnster Judge	25. FUNERAL DIRECTOR'S SIGNATURE 325 MAINST William Boy was MEYERSDALE, PA

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 3517 ce<u>rti</u>ficate be executed within 24 hours after death funerol 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND MARYLAND filled in by the farm papers. Pages within 72 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) 20 DAYS 2. BOX 95. FROSTBURG. MD. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS MINERS HOSPITAL NO.A.A event, within 3 NAME OF Middle eose remove corbon 4. DATE First Lost Doy Year the ottending physician and completely DECEASED MARGARET S. PRICE OCT. 6th. 66 19 DEATH (Type or print) 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours ond in any FEB. 7th. 1898 FEMALE WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? HOUSEWORK USA WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal EDWARD SHANNON LOUISE ROBERTS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. requires that the death (Yes, no, or unknown) (If yes give war or dates of service) 0 permit ANNAN ERICE, RFD 2, Box 95, FROSTBURG, MD. NONE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse os the Poge 4 moy be retoined by the hospitol or attending O FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use CERTIFICATION Heolth NO PO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH o detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (City or town) (Stote) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) Not While 19 ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram Some (06 to 19 that (I) (we) last director, page 3 should should be filed with the 19 Cland that death accurred at 000 M, fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M 6 DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN B, DAVIS, 2 BROADWAY, FROSTBURG, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) BURLAL (Specify) MD. ECKHART, 10-9-66 ECKHART CEMETERY ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 FROSTBURG, MD. JOSEPH R. DURST, SR.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13518 CERTIFICATE OF DEATH and 2 death. requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY o. STATE after ALLEGARY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 3 Weeks Rt. #2 FLINTSTONE CUMBERTAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS within 72 YES IN NO SACRED HEART HOSPITAT 3 NAME OF First Middle 4. DATE Manth Lost Day Year DECEASED CHARLES EDWARD (Type or print) DEATH OCTORER IF UNDER 1 YEAR 9. AGE (In years lost birthday) IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths Doys Haurs MATE WHITE WIDOWED % DIVORCED 3-20-81 10a. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Retired Dairyman W. VA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending physical remay MARTIN RAINES CYNTHIA JANE HEDRICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) {(If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 220-48-0047 PT'S CHART No INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4200 DUE TO Canditians, if any, which gove rise ta immediate cause (a). DUE TO stating the underlying cause TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO TO 20b. DESCRIBE HOW INJURY DECURRED. (Enter noture of injury in Part I or Part II af item 1B.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year (County) Haur o.m. foctory, street, office bldg., etc.) Nat While at wark at wark 19 6 6, to 20. 1966 that (1) (we) last 21. I certify that (I) (this haspitol) attended the deceased fram. 10 100 19 66 and that deoth occurred at 6.19 M. fram causes and on the date stated above. saw the deceased olive on 22b. DATE SIGNED 22o. SIGNATURE STAFF DIRECTOR M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, 23d. JOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, (Stote) REMOVAL (Specify) Pleasant Grove Cemetery Cumberland Allegany Maryland 10/23/66 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) DATE OCT 25 1966 Ruth E. Silcox Cumberland Maryland 21502 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13520 CERTIFICATE OF DEATH ond 2 requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY FGANY ALLEGANY MARYLAND filled in by the Pages] b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

CUMBERLAND c LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CUMBERLAND HR. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE and in any event, within 72 ON A FARM? RT. 5. BOX 201. CUMB. MD. MEMORIAL HOSPITAL NO S 3 NAME OF First Middle 4. DATE remove corbon DECEASED ROBINETTE OCTOBER 6, 196619 CARL (Type or print) DEATH AGE (In years IF UNDER 1 YEAR 5. SEXIAL E 6. COLOR OR RACE B. DATE OF BIRTH 1910 7. MARRIED **NEVER MARRIED** last birthdoy) Months Dovs Hours 2-19-1910 WHITE WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar fareign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY'S Ind. e CUMBERLAND. MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME UPTON. ROBINETTE Anna Dowling 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Pulmonary Embolus IMMEDIATE CAUSE (o) DUE TO (3) Auricular Fibrillation l yr. Canditians, if any, which gave rise to immediate cause (a) DUF TO stoting the underlying cause Page 4 may be retained by the haspital or attending **O FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the (?) (c) Right Bundle Branch Block last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? of for use of Health p Insufficiency, Myocardial Fibrosis NO Coronary PHYSICIAN: 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. (City ar town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) factory, street, affice blda., etc.) Nat While at work ot work 21. I certify that (1) (this haspital) attended the deceased fram Aug. 20, 1964, ta Oct. 6, 1966, that (1) (we) last director, page 3 should should be filed with the 19 66, and that death accurred at PM, fram causes and an the date stated above. saw the deceased alive an Oct. 6. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING N 1966 M.D. PHYS. DIRECTOR Oct. 7. 22d. ADDRESS 50 22c. PHYSICHAN'S PERSHING ST. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) -REMOVAL (Specify) Hillcrest Burial Cumberland, Md. Allegany Oct. Park Scarpelli, Cumberland, Md. 2Sb. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 1866

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13521 he executed within 24 haurs after death and completely filled in by the funeral remove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE ALLEGANY b. COUNTY Mineral pleose remove carbon papers. Poges 1 I, ond in ony event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and owe negles E'RL' AND KEYSER IS RESIDENCE ON A FARM? MORIAL HOSP give street oddress) d. STREET ADDRESS 41 ORCHARD ST. NO A 3. NAME OF Middle 4. DATE Doy DECEASED STELLA ROBY 8 10 DEATH (Type or print) DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9-25-90 thdoy) Months FEMALE WHITE WIDOWFD 16 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) HOME the ottending physicion isit permit. Then pleose VA. Petersburg 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, **ABRAHAM** IMAN Clora STUMP 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? requires that the death (Yes, never unknown) (If yes give war or dotes of service 234-70-1287 MEMORIAL HOSPITAL, CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gave rise to immediate couse (a) DUE TO stoting the underlying couse Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been os the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) for use with the State Dept. of Health YES 🛨 NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased fram 9-10-66, 19. ta 10-18- , 19 66 that (1) (we) last 19 66 and that death accurred at 8:38M, from Couses and an the date stated abave. saw the deceased alive ap 10-18-22b. DATE SIGNED 220. SIGNATURE MED. DIRECTOR STAFF PHYS. 10-19-66 M.D. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S E.R. PAUL 36 GREENE ST. CUMBERLAND. MD. NAME (Type 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BEMOYAL (Specify) 10-22-66 Queens Point Cem. Keyser W. Va. Mineral 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL-DIRECTOR VR A15 (4) 20 M 1/66 Melanles Keyser, W. Va.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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FOR STATE HEALTH DEPT.

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necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page

This certificate shauld be executed within 24 haurs after death.

TO DEPUTY MEDICAL EXAMINER:

necessary,

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased live		ence befare adi	missian)
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ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING	TO DEATH BUT NOT RELA	ATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN F	ART 1(a)	19. WAS PERI YES	S AUTOPSY FORMED? NO X
CERTIFICATION	20a. EXTERNAL (A PRIMARY ☐ ar COI CAUSE OF DEATH.		20b. DE	ESCRIBE HOW INJURY OC	CURRED.	(Enter nature af injury in	Part I ar Part II af	item 18.)		
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230	BURIAL, CREMATIC	N, 23b. DATE THE		23c. NAME OF CEME			23d. LOCATIO	(City ar Town)	(County)	(Stote)
-	REMOVAL (Specify)	OCT 27	1966	ST. LUKE	ES CI			ERLAND, MI).	
24	FUNERAL DIRECTO BYT	R		CUMBERLAI	D, I		CT 3 1	25b. REGISTRAR'S	SIGNATUR	edge.

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TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File Health or its designated agent, priar ta burial, crematian, ar remaval, and 31 1 1-

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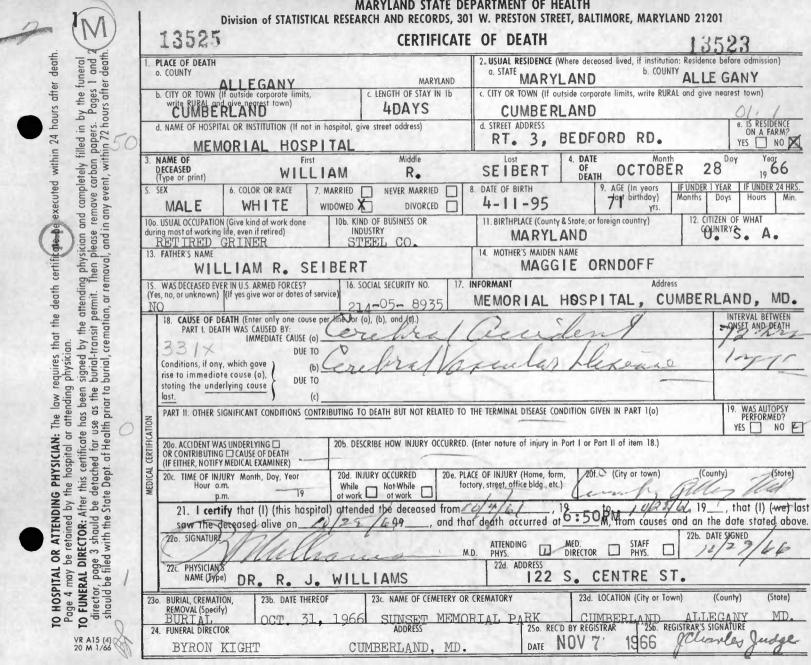
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13523 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. the attending physician and campletely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and 2 sit permit. Then please remove carban within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 DAYS ROUTE 1. FROSTBURG. d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MINERS HOSPITAL YES NO Middle 3 NAME OF First Lost 4 DATE Dov Yeor DECEASED SAGAL BARBARA P. OCTOBER 19 66 27th. DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours FEMALE WHITE WIDOWED XX DIVORCED JULY 6TH. 1882 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) ai pu N HOUSEWORK COUNTRY? during most of working life, even if retired) HUNGARY TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PAUL PASTOR ELIZABETH BALLA 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 213-09-6515 MRS. SUSAN ULTIS. MIDLAND. INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: burial-transit ONSET AND IMMEDIATE CAUSE (o) this certificate has been signed by DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be retained by the hospital ar attending far use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION Health 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY-OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After at work , 19 66 ta_ Z/019 66 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram 19 (00, and that death accurred at 4.30 AM, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN B. DAVIS. 2 BROADWAY, FROSTBURG, MD directar, I should be 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) BURNAL (Specify) 10-29-66 F'BG. MEMORIAL PARK FROSTBURG. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Charley VR A15 (4) 20 M 1/66 JOSEPH R. DURST, SR., FROSTBURG, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13524 CERTIFICATE OF DEATH and 2= requires that the death certificate be executed within 24 hours after death. and completely filled in by the funeral remave carban papers. Pages I and in any event, within 72 hours after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Allegany Allegany a. COUNTY o. STATE Maryland b. COUNTY MARYLAND CLENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporote limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest_tawn) 10/66 Westernport Cumberland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Allegany County Infirmary 235 Maryland Ave. NO Z 3. NAME OF 4 DATE Lost Month Doy Year DECEASED Samuels October 66 Susan (Type or print) DEATH 9. AGE (In years IF UNDER 24 HRS. S SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER YEAR 7 MARRIED NEVER MARRIED 8 ost birthday) 9/11/1885 Months Davs Hours Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind af work dane during most af warking life, even if retired)
Housewite 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Then please INDUSTRY COUNTRY? Hedgesville. W. Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Miles Riggleman Angie Rohrbaugh 17. INFORMANT P .O . BOX 599. Address Cumberland . Md. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, new unknown) (If yes give war ar dates of service Allegany County Infirmary records. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH þ signed b Canditians, if any, which gave rise to immediate couse (a). stating the underlying cause the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Nat While factory, street, office bldg., etc.) at work at wark Page 4 may be retained by 10/17/ 19 66 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from 66 . 19 shauld saw the deceased alive an and that death occurred at_ A. M. fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 10/18/1966 DIRECTOR X M.D. director, page should be filed 22c. PHYSICIAN 22d. ADDRESS B. Mathews, M. D. Greene St., Cumberland, Md. NAME (Type) Lee 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Md. Philos 10/20/66 Westernport 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Westernport, Md. VR A15 (4) 20 M 1/66 Charles 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13526 FOR STATE HEALTH DEPIL 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 2, and 3 ta PM3. Page o. COUNTY Allegany o. STATE b. COUNTY Maryland Allegany MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cumberland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after Cumberland vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 72 haurs D. O. A. Memorial Hospital 8. Give Pages ate Wempe Drive NO TY after death. 3. NAME OF Middle Lost 4. DATE Month Dov Year DECEASED within Norene Amanda Sellers (Type or print) Oct. 19 66 DEATH 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Jost birthdoy) Months Dovs Hours White Female August 23.1893 WIDOWED DIVORCED haurs event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Own Home Cumberland . Md. 24 any USA pages This certificate shauld be executed within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = William H. Rice Cora J. Golden File 15. WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Husband remaval, (Yes, no, or unknown) (If yes give wor or dotes of service Mr. Homer N. Sellers, Cumberland, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY DEATH DEATH ar CORONARY OCCLUSION IMMEDIATE CAUSE (o) ward crematian, DUE TO CORONARY SCLEROSIS Conditions, if ony, which gove (b) writing the rise to immediate couse (o), DUF TO stoting the underlying couse D gs burial nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) certificate. NO p 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port |) of item 18.) 3 shauld agent, prior PRIMARY Or CONTRIBUTING 4 shauld EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page 19 of work ot work please execute 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection A and in my opinian Inquiry X. the funeral directar. Natural causes X. Accident . death resulted fram: Suicide . Homicide Undetermined manner retained CHIEF MEDICAL EXAMINER TO DEPUTY ME Oct.6.1966 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE > may be Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic, M.D. Address (Street, city, town, or county) Rt.9 Cumberland NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 REMOVAL (Specify) Greenmount Cemetery Oct. 8.1966 Cumberland, Md.-Allegany Burial 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) James F. Scarpelli, Cumberland, Md. 1966 Marla 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13527 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
o. STATE Marvland b. COUNTY Allegany the attending physician and completely filled in by the funeral sit permit. Them please remave carban papers. Pages 1 and PLACE OF DEATH Allegany o. COUNTY ve carban papers. Pages 1 event, within 72 hours after MARYIAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Cumberland 1960 Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Allegany County Infirmary d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 117 Mary Street NO X YES 3 NAME OF 4. DATE First Shank Doy Year DECEASED (Type or print) Willie Paige OF DEATH 19 66 October S. SEX AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours L/11/1898 Female White WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife **INDUSTRY** Greenspring. W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Raymond Wilson Effie Bennington 17. INFORMANTP.O.Box 599, Cumberland, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes give wor or dotes of service) Allegany County Infirmary records. 213-22-4346T crematian, deaceasa JAJERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p CHISET AND DEATH PART I. DEATH WAS CAUSED BY physician Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse has been as the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO FUNERAL DIRECTOR: After this certificate YES far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) TO HOSPITAL OR ATTENDING PHYSICIAL Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (I) (this haspital) attended the deceased fram saw the deceased alive an 10/26/66 19, and the to 10/27/66, 19___, that (I) (we) last and that death occurred at A. M, fram causes and an the date stated above. 6:08 ATTENDING 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 10/27/1966 X DIRECTOR M.D. PHYS 22d. 22c. PHYSICIAN'S Greens St. Cumberland, Md. Lee B. Mathews, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) Oct.30.1966 Hill Cemetery Springfield, W. Va. 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md. liarles VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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d. NAME OF HOSP	ITAL OR INSTITUTION (If no	it in haspital, g	jive street address)		d. STREET ADDRESS				e. IS RESIDEN ON A FAR
									YES NO
3. NAME OF DECEASED	Fi		Middle		Last	4. DATE	Man		Day Year
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(Yes, na, ar unknawn)	(If yes give war ar dates o	if service)	SOCIAL SECURITY NO.						mari am s
					lter Shar	N	Mosco	N, Ma	ryland
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OR CONTRIBUTIN	G CAUSE OF DEATH	200. UE	SCRIDE HOM INJURY OCCU	INNED. (E	mer nature at injury it	i i di i di ru	1 11 (101H 10.)		
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22c. PHYSICIAN		1150	7		22d ADDRESS			1.0	
NAME (Typ	e) L. bd. MI	トド ?	111/	D	LONA	CONI	NG	MD	
23a. BURIAL, CREMAT		EREOF	23c. NAME OF CEMETER	RY OR CR	EMATORY	23d. L0	CATION (City or To	wn) ((Caunty) (Stat
FEMOVA (Pegi	1 10/7	7/66	Laurel H	111	Cemeter	y M	oscow,	A	. Md
24. FUNERAL DIRECT	OR		ADDRESS	4,12	2Sa. REG	D BY REGIST	RAR 25b. RI	EGISTRAR'S SI	GNATURE
Georg	e Eichhorn	1	Lonaconin	g,	Md. DATE O	CT 7	1966	Charl	les Judge

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached far use as the burial-transit permit. It should be filed with the State Dept. af Health priar to burial, cremation, ar remained.

Page 4 may be retained by the haspital or attending physician.

physician and campletely filled in by the funeral sen please remave carbon papers. Pages 1 and 2 rock! and in any event, within 72 hours after death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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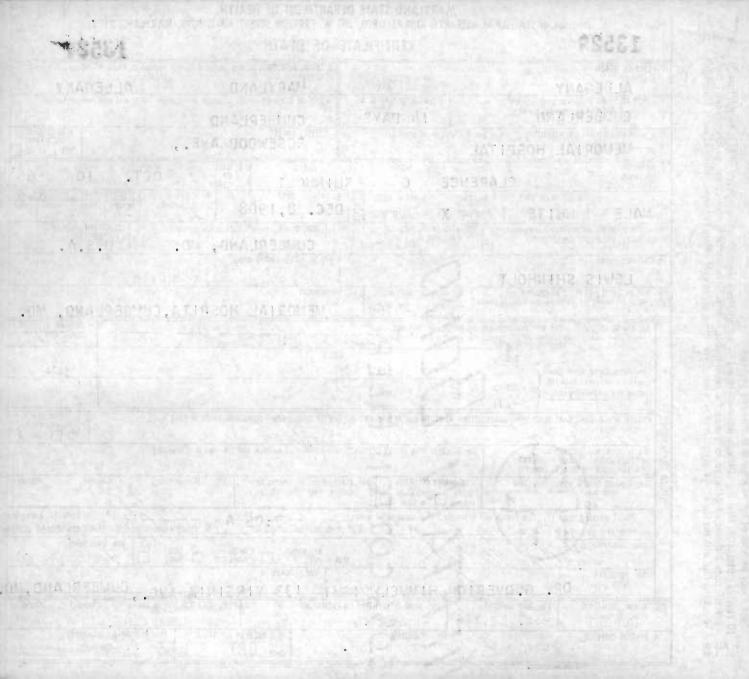
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13529 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death the attending physician and campletely filled in by the funecal sit permit. Then please remave carban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ALLEGANY MARYLAND b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If autside carparate limits, write PUBAL and air mages trawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 14 DAYS **CUMBERLAND** d. STREET ADDRESS ROSEWOOD AVE., d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? within 72 MEMORIAL HOSPITAL YES NO Year 66 3. NAME OF 4. DATE First Middle Last OCT. DECEASED OF CLARENCE SHINHOLT C (Type ar print) DEATH IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Haurs DEC. 8,1908 Days MALE WHITE WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Railroad CUMBERLAND. MD. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remavai Ella Groves LEWIS SHINHOLT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service 705-05-4764 MEMORIAL HOSPITA, CUMBERLAND, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed Conditions, if any, which gove rise to immediate cause (o), DUF TO stating the underlying cause as the has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X O FUNERAL DIRECTOR: After this certificate P 20g. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter harure of injury in Part J or Part II of item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20d. INIURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) 20c. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, office bldg., etc.) Not While at wark 21. I certify that (I) (this haspital) attended the deceased fram. 6, 19___, that (1) (ve) last 19 co and that death accurred at M, fram causes and an the date stated above. saw the deceased alive on 10 22n SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CUMBERLAND MD G. OVERTON HIMMELWRIGH director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (Stote) REMOVAL (Specify) Oct. 12,1966 Sunset Memorial Cumberland, Md. Allegany 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR. Scarpelli, Cumberland, Md. VR A15 (4) 20 M 1/66 James



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13530 CV requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 965 Cumberland e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM? campletely filled Allegany County Infirmary 305 Grand Avenue YES \ NO TY Middle 4. DATE 3. NAME OF Year carban First Lost DECEASED Estella Smith Flora October 66 2. 19 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH S SEX 7. MARRIED 6. COLOR OR RACE NEVER MARRIED birthdoy) Manths Davs Hours White Female WIDOWED DIVORCED 10b. KIND OF BUSINESS OR THPLACE (Gunty & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane COUNTRY? during most of working life, even if retired)
HOUSOWITO **INDUSTRY** West Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Wesley Farris Elizabeth Hofe 17. INFORMANT P.O. BOX 599 Addres umberland, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, ar unknown) (If yes give war or dates af service Allegany County Infirmary records. 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) MEDICAL CERTIFICATION NO V YES 🗌 P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or tawn) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Nat While at wark 21. I certify that (I) (this hospital) attended the deceased from 4/ saw the deceased alive an 10/1/1966 19___, and that to 10/2/66, 19__, that (1) (we) last 1965 P. M, fram causes and on the date stated above. and that death accurred at, 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 10/3/1966 X DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Mathews, M. D. В. Lee Greene St., Cumberland, Md. NAME (Type) directar 0 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) shaul 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) TREMOVAL (Specify) Hillcrest Burial Park Cumberland, Md. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Scarpelli Cumberland."d. VR A15 (4) 20 M 1/66 1966

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13531 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) and campletely filled in by the funeral remove carban papers. Pages I and it any event, within 72 haurs after deap a. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CORRIGANVILLE DAYS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) MEMORIAL HOSPITAL YES NO A 3. NAME OF Middle 4. DATE Doy Year DECEASED HARVEY SMITH , Jr OCT. 1966 DEATH (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED Months Days WHITE 10-17-1931 MALE WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or fareign country) 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT and during most of working life, even if retired) COUNTRY'S **INDUSTRY** MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Berthair HOSSELRODE HARVEY SMITH 16. SOCIAL SECURITY NO. 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or usknown) (If yes give war or dates of service 220-28--9342 MEMORIAL HOSPITAL, CUMBERLAND, MD. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY 21 ONSET AND DEATH IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO Conditions, if ony, which gave (b) Hypertensive and arteriosclerotic CVD vears rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been (c) Diabetes mellitus, severe, with acidosis vears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? far use NO Gastritis or ulcer with hemorrhage and anemia. Uremia. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Nat While at wark at wark 21. I certify that (I) (this haspital) attended the deceased from Octo lith , ta Oct. 9th , 1966 , that (1) (we) last . 19 sow the deceased alive on Oct. 9th 1966, and that death occurred of 7:0 MPMm causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATUR MED. DIRECTOR 10-11-66 M.D. directar, page 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 414 N. MECHANIC ST. DR. W. F. DOERNER . Jr. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (CountyRD#1(Stote) 23a. BURIAL, CREMATION, BURYAL (Specify) Oct..12,91966 White Oaks Cemetery Meyersdale, Pa. Somesset Co. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Marley Judge VR A15 (4) 20 M 1/66 1956 Hyndman, P.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13532 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY 3 to Page 0 2 af ALLEGANY MARYLAND ALLEGANY after death. MARYLAND delay b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) and 1 DAY CUMBERLAND RURAL CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Give Pages 206 DECATUR STREET FAIRGO YES NO X Item 18. Give Pages Office along with for after death. 3. NAME OF Middle First 4. DATE Lost Month Dov Year within 72 DECEASED PETER (Type or print) SOTTROKOS OCT. DEATH 66 with S. SEX 6. COLOR OR RACE 7. MARRIED X 8. DATE OF BIRTH 9. AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 70 APPws Months Dovs Hours haurs WIDOWED DIVORCED event MATE WHITTE TINKNOWN 10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)
STORE OPERATOR 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CANDY STORE COUNTRY? 24 pages I GREECE within 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MICHIEL SOTIROKOS PANAGIOTA BERGERAS File and .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? be executed 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) remaval NO UNKNOWN MRS. GEORGE PARSENIOS CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ar CORONARY OCCLUSION IMMEDIATE CAUSE (o). certificate shauld ward cremation, DUE TO Conditions, if ony, which gove CORONARY THROMBOSIS (b) rise to immediate couse (a), DUF TO stoting the underlying couse Q1S burial COSONARY SCLEROSTS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS) CERTIFICATION PERFORMED? certificate, ţ YES X NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) designated agent, priar PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While Hour o.m. While foctory, street, office bldg., etc.) may be retained for yaur FUNERAL DIRECTOR: Page of work 21. I certify that I taak charge of the remains described above, held an Autopsy XX, Inspection (XX), Inquiry X and in my opinion Natural causes y . Accident Suicide . Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY November 1, 1966 DEPUTY MEDICAL EXAMINER ar EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. Saldress (Street, city, town, or county BERLAND, MD. ro Fune Health RT. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
BURIAL NOV. 3,1966 ZION MEMORIAL PARK CUMBERLAND 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR BYRON KIGHT VR ATSME (5) CUMBERLAND. MD. NOV 7 1966 6M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COLINTY PM3. Poge o STATE h COLINTY 2 2 of o ofter deoth. MARYLAND MARYTAND

c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) ALLEGANY deloy i b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RAWLINGS CUMBERTAND d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with form within 72 hours RD# 3 BOX 56 Item 18. Give Pages YES NO SACRED HEART HOSPITAL after death. 3. NAME OF Last 4. DATE S First Month Day Year DECEASED OF the (Type or print) JOHN DEATH OCTOBER with 1 5 SFX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost birthdov) Months Days Haurs hours WIDOWED DIVORCED -23-99 event MALE WHITE 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most af working life, even if retired)

Textile INDUSTRY COUNTRY? 24 __ Textile W Va ...
14. MDTHER'S MAIDEN NAME 13. FATHER'S NAME pencil be executed within John W. Staggs Ida Dawson .⊆ 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, or unknown) (If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" in Chief Medical E permit. removol, 214 07 1631 No PT'S CHART 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY CORONARY THROMBOSIS burial, cremation, or IMMEDIATE CAUSE (a) word This certificate should DUE TO Conditions, if any, which gove CORONARY SCLEROSIS te, writing the w forworded to the rise ta immediate cause (a), DUF TD stating the underlying couse 0 lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? the certificate, its designoted ogent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg., etc.) Hour a.m. Not While may be retained for your FUNERAL DIRECTOR: Poge at wark at wark pleose execute 21. I certify that I taak charge of the remains described obove, held an Autapsy Inspection X Inquiry T and in my opinian deoth resulted from: Natural causes . Accident . Suicide . Homicide | Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 0 October 8. 1966 EXAMINER'S Heolth Benedict Skitarelic. Address (Street, city, tawn, or count numberland. Md. M.D. NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 50 REMOVAL (Specify) Llegany Co. Md. 12 Oct 1966 Burial 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR, VR A15ME (5) 1966 otruck-Chambers Keyser, W. Va.

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W., PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Allegany b. COUNTY Allegany MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 1966 Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 711 Gephart Drive Allegany County Infirmary YES NO X NAME OF Middle Last 4. DATE Day Year DECEASED (Type or print) Stull 19 66 October 19, Catherine Theresa 6. COLOR OR RACE 9. AGE (In years DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED White Manths Days Haurs Female 3/1882 WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT during most af warking life, even if refired) INDUSTRY the attending physician sit permit. Then please Hazelton, Pennsylvania 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward McGrady ar remaya Mary Carr 17. INFORMANT P.O. Box 599. Comboerland, Md. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war ar dates af service Allegany County Infirmary records. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per_line for (a), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO attending p has been s stating the underlying cause the last. gp PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION WAS AUTOPSY PERFORMED? CERTIFICATION YES NO Page 4 may be retained by the haspital or this certificate far 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20c. TIME OF INJURY Manth. Day. Year (City or town) (County) (State) Haur a.m factory, street, affice bldg., etc.) Nat While O FUNERAL DIRECTOR: After pe 21. I certify that (I) (this hospital) attended the deceosed from shauld t saw the deceased alive an 10/1 166 and that death accurred at _____ M, fram causes and an the date stated above. 22a. SIGNATURI 22b. DATE SIGNED STAFF X X M.D. DIRECTOR be filed PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (Type) director, 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) EREMOVAL (Specify 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE

l director. Page for your files. please exect is certificate, writing the word "pending" in penal 18. Give Pages 1, 2, and 3 in the state of director. Page 4 should be arded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refailed for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any frent within 72 hours after death. EDICAL EXAMINER: This certificate should be executed within 24 hours aft TO DEPUTY

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1.	PLACE OF DEATH					2. USUAL RESIDE	VCE (Where	deceased lived, If i	nstitution: Res	idence before	admission)
	e. COUNTY	ATTOWNER				a. STATE		b. COUN	TY		
-	b. CITY OR TOWN G	Allegany f outside corporate limit		MARYLA			yland			egany	
	write RURAL and	give nearest town)	3,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside co	porate limits, write	RURAL and g	rive nearest to	√n)
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	d. NAME OF HOSPIT	AL OK INSTITUTION (I	f not in hosp	ital, give street address)	d. STREET ADDRESS					ESIDENCE A FARM?
	Memorial !	Hospital				637	Linco	In Street		YES	NOTE
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month		Day Yes	i plike-i
	(Type or print)	Geor	rge	Presto	n	Sullivan	DEAT	H October	,]	7 19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years)			24 HRS.
M	ale	White	WIDOWED			January 7, 1	880	last birthday) 86 yrs.	Months Da		Min.
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R	etired Acc	ountant- Wi	Mail Rail	road		Danville,	Virgin	ia	71	.S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN			, ,	6D 617.0	
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		WAS CAUSED BY:	cause her III							INTERVAL BE	
		MMEDIATE CAUSE (a)_		Cerebral	. н	emorrhage				10 Day	S
	331X	DUE TO		Arter	ios	clerotic Vas	scular	Disease			
	Conditions, if any, gave rise to immedia					02020000					
	(a), stating the un	DUE TO							477111		
	cause last.) (c)							33 M		
Z	PART II. OTHER		IONS CONT	RIBUTING TO DEATH B	UT NO	T RELATED TO THE TERMI	INAL DISEASE	CONDITION GIVE	N IN PART 10	1) 19. WAS A	UTOPSY
CATION											RMED?
RTIFI	20a. EXTERNAL CAU		b. DESCRIB	E HOW INJURY OCCU	RED. (E	nter nature of injury in Pa	rt I or Part II o	f item 1B.)			
2	CAUSE OF DEATH.										
Ş	20c. TIME OF INJUR	Y Month, Day, Yea				CE OF INJURY (Home, farr		y or town)	(County)	(State)
MED	Hour a.m.	19	While at work	Not While at work	lacio	ry, sireer, office bidg., erc	·/ j				
			1	ins described abov	e, hel	d an Autopsy ,	Inspection	IX, Inquiry	KX a	ind in my o	pinion
	death resulted from		14990h	Accident .	Suici			idetermined ma	Frank.		
					outer	CHIEF MEDICAL					
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	SIGNATURE	Lluidie	16	Kilaril	uc	M.D. ASSISTANT MED			han 17	DATE SIG	
	EXAMINER'S NAME (Type)	BENEDICT	SKITA	RELIC, M.I).	DEPUTY MEDICA Address (Street,			ber 17	, 1966 d, Mary	
22a	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	DF 2	2c. NAME OF CEMETE	RY OR			TION (City, town,		(Stat	
	Burial	10/19/66		Trinity Lut	her	an Cemetery	Cumbe	TA backa	locare	Marria	and
23	FUNERAL DIRECTOR	1-71-0		ADDRESS		24a. REG	C'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	IATURE IATURE	uiu

Ruth E. Silcox Cumberland Maryland 21502

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I M	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
hours after death. d in by the funeral rs. Pages 1 and 2 hours after death.	PLACE OF DEATH a. COUNTY Allegany CERTIFICATE OF DEATH a. COUNTY Allegany CERTIFICATE OF DEATH a. STATE Maryland b. COUNTY Allegany MARYLAND CERTIFICATE OF DEATH a. STATE Maryland b. COUNTY Allegany
in by the fur. Pages 1 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) westernport c. LENGTH OF STAY IN 1b Westernport
fille n 724	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Wood St. Ext. ### Wood St. Ext. On A FARM? YES ND X
cuted within 24 hours at a completely filled in by to carbon papers. Page y event, within 72 hours a	NAME DF DECEASED (Type or print) Harley Sylvester Tasker A. DATE Month Oay Year OF DEATH Oct. 1966
e executed an and con e remove in any eve	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Nale White WIDOWED DIVORCED Dec. 31, 1883 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HR: Months Days Hours Min.
icate be e physician in please r real, and in	Pa. USUAL OCCUPATION (Give kind of work done in growth of the country) 10. KIND OF BUSINESS OR INDUSTRY OWN Farm 11. BIRTHPLACE (County & State, or foreign country) W. Va.
ding phy Then Then temoval,	Louis Tasker Susan "Tasker"
e death ceri the attendin It permit, II nation, or cen	5. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes give war or dates of service) (If yes give war or dates of service) (Mrs. Robert Miller Westernport, Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. IIRECTOR: After this certificate has been signed by the attending physician and completely like this detached for use as the burial-transit permit. They please remove carbon per an analysis of Health prior to burial, cremation, or removal, and in any event, with	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) INTERVAL BETWEEN ONSET AND OEATH DUE TO OUE TO (d) OUE TO
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ig PHYSICI by the hos ter this ce detache tate Dept.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) P.m. 19 At work at w
TO HOSPITAL OR ATTENDING PHYSI Page 4 may be retained by the his for FUNERAL DIRECTOR. After this director, page 3 should be detacl should be filed with the State Department	21. I certify that (I) (this hospital) attended the deceased from
TO HOSPITAL O Page 4 may k TO FUNERAL DI director, page should be file	NAME (Type) Robert Bess Jr. Ashfield St., Piedmont, W. Va. BURJAL CREMATION, 23b. DAIE JHEREDE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
VR A15 (4)	FUNERAL OIRECTOR Westernport, Md. Westernport, Md. Westernport, Md. Westernport, Md. Date OCT 17 1966 ** Clearles Judge**
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND b. CITY OR TOWN AT Jutside comporate limits. c. LENGTH OF STAY IN 1b OR TOWN (If outside corporate limits, write RURAL-and/give nearest town) by 1 bon papers. Pag within 72 hours write RURAL and vive nearest town) .= filled (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? NO X completely NAME DE Middle DATE Month Day DECEASED OF DEATH event. (Type or print) 1966 6. COLOR OR RACE 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Jast birthday) | Months | Days | Hours | Min. NEVER MARRIED WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physicis n. eleas FATHER'S NAME removal. MOTHER'S MAIDEN NAME attending t 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. Address 0 death transit permit cremation, or CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Left ventricular failure weeks After this certificate has been signer of be detached for use as the burial-testate Dept. of Health prior to burial, Arteriosclerotic and hypertensive CVD vears Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Uremia YES ! NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. MEDI While Not While be retained by at work 19 66, that (I) (we) last TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from 19 66, and that death occurred at la M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED 10-26-66 Page 4 may t M.D. PHYSICIAN'S 22d. ADDRESS 62 Greene St. Cumberland, Md. 21502 M.D. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) TREMOVAL (Specify) ADDRESS FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR VR A15 (4) 15M 4-64

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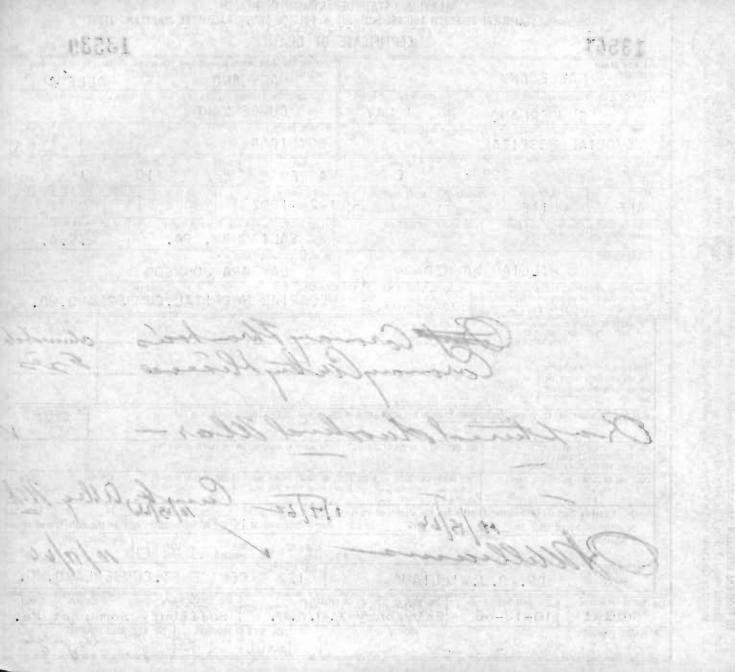
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #23CERTIFICATE OF DEATH 13541 and 2 requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) campletely filled in by the funeral love carban papers. Pages 1 and PLACE OF DEATH o. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town CUMBERI AND DAY d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? BOX 1065 MEMORIAL HOSPITAL YES NO R NAME OF Middle 4. DATE Month DECEASED GEORGE WAGNER 10 66 19 DEATH (Type or print) IF LINDER 24 HRS B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED dost birthdoy) Hours 1-24-1902 MALE WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDHISTRY SALISBURY. PA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM WAGNER BARBARA JOHNSON 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT MEMORIAL HOSPITAL. CUMBERLAND. MD. 172-18-0728 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one course ine) (o), (b) ond (c) burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUS DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse WAS AUTOPSY PERFORMED? R SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOW RELATED TO THE TERMINAL DISEASS CONDITION GIVEN IN PART 1(a) NO IZ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While of work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. and that death accurred at 1.0 PMI fram causes and an the date stated above saw the deceased alive an SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS ST. CUMBERLAND. MD. CENTRE DR. R.J. WILLIAMS 23b. DATE THEREOF 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, or Jown) (County) 23o. BURIAL, CREMATION, 10-18-66 allisbury Somerset Pa. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. liances VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY defoy is ond 3 to M3. Poge of death. ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) puo FLINTSTONE CUMBERLAND 24. HOURS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Item 18. Give Poges 1, Office olong with form ate De hours STAR ROUTE YES NO X MEMORIAL HOSPITAL ofter death. 3. NAME OF Middle 4. DATE Manth DECEASED BESSIE OC TOBER within FRANCES WETMER DEATH 表现30 19 66 (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthday) Manths Days WHITE WIDOWED JULY 9, 1905 FEMALE in Item 1 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired) COUNTRY? **INDUSTRY** Chief Medical Examiner's HOUSEWIFE WEST VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within EMILY ALICE SEATON JACOB W. WHITACRE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removol. (Yes, na, ar unknawn) (If yes give war ar dates of service MEMORIAL HOSPITAL CUMBERLAND, MD. NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit PERICARDITIS 0 IMMEDIATE CAUSE (a)_ certificote should writing the word crematian, DUE TO BRONCHOGENIC CARCINOMA Conditions, if ony, which gove rise ta immediate cause (a), DHE TO stating the underlying cause lost. PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) designated agent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg., etc.) Not While While of wark ot work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection XX, Inquiry X ond in my opinion Natural causes X, Accident , Suicide , Homicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER X October 30. 1966 EXAMINER'S Benedict Skitarelic, M.D. Address (Street, city, town, or count Cumberland. Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) 50 BURIAT. SAVAGE ALLEGANY MD. MT. SAVAGE METHODIST CEM

VR A15ME (5)

230 BALTO. AVE CUMBERLAND MD.

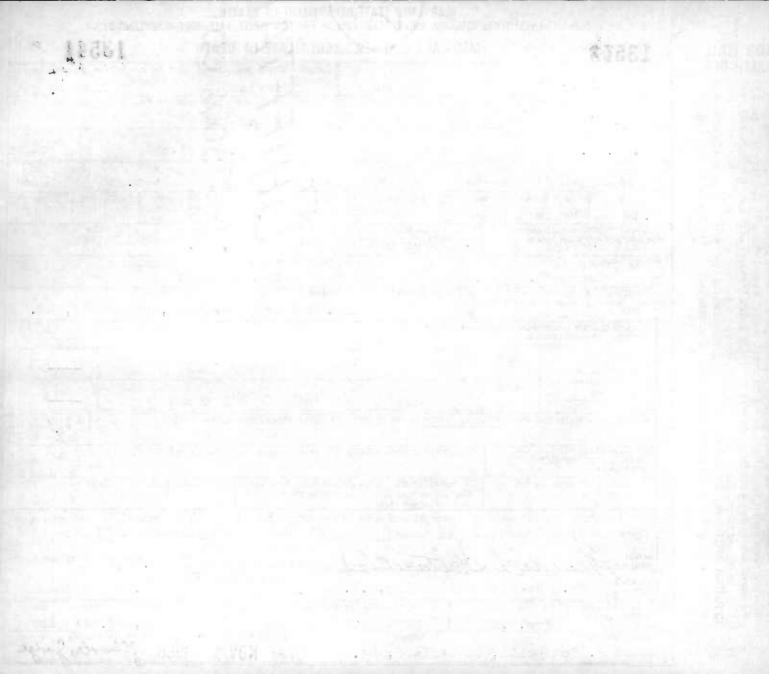
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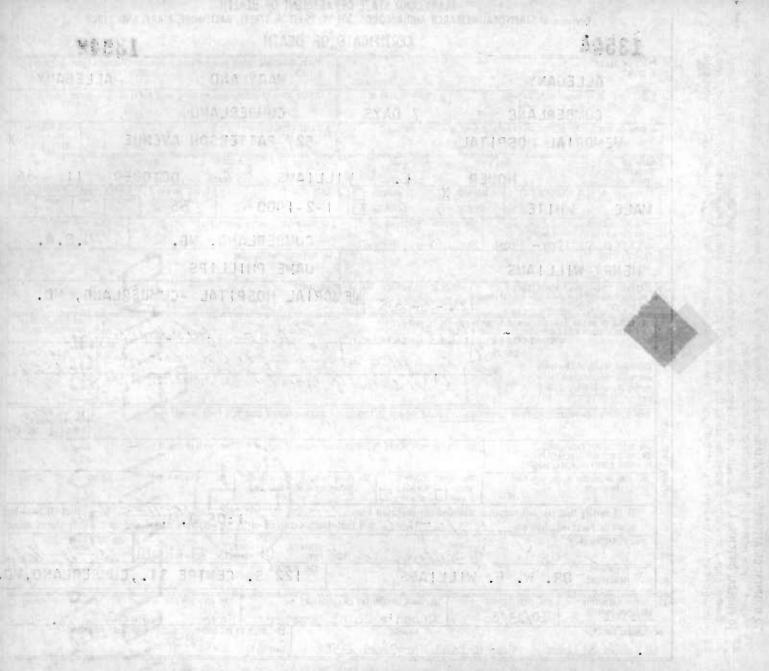
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13541 FOR STATE M 13548 HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY delay is and 3 ta M3. Page o STATE b. COUNTY spartment af after death. Allegany Maryland Allegany MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Cumberland 52 years Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS farm haurs Give Pages 1, 216 Wampe Drive D. O. A. Memorial Hospital YES NO R alang with 3. NAME OF First Middle 4. DATE Manth Year DECEASED Weltman 19 66 George Franklin Oct. 30 (Type ar print) DEATH IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED clast birthday) Manths Days Item 18. March 31. Male White WIDOWED hours Office 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during mast of warking life even if retired) Contractor COLUNTRY? Cumberland. Md. d "pending" in pencil in Chief Medical Examiner's in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Florence Trout George F. Waltman and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service 17. INFORMANT 16. SOCIAL SECURITY NO. remaval Mrs. Catherine Waltman, Cumberland, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c),) ONSEL AND DEATH PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION Ь IMMEDIATE CAUSE (a) certificate shauld ward crematian, DUF TO CORONARY THROMBOSIS Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause e, writing the farwarded t CORONARY SCLEROSIS lost. burial, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO the certificate, 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH 20e, PLACE OF INJURY (Home, farm, (City or tawn) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. may be retained for your FUNERAL DIRECTOR: Page at work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy K., Inspection X, Inquiry X ond in my opinion the funeral directar. F 5 may be retained fo TO FUNERAL DIRECTOR Health ar its designal Accident . Suicide . Hamicide death resulted_from: Natural causes Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER | Oct. 30.1966 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Dr. Benedict Skitarelic, M.D. Rt.9Cumberland NAME (Type) Address (Street, city, tawn, or caunty) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) Burial (Specify) Sunset Memorial Park Nov. 2, 1966 Cumberland, Md. Allegany 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR **ADDRESS** Milarles VR A15ME (5) 1966 James F. Scarpelli, Cumberland, Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13544 requires that the death certificate be executed within 24 hours after death completely filled in by the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND ALL FGANY ALLEGANY MARY! AND haurs af c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, DAYS CUMBERLAND carban papers. ent, within 72 ha e. IS RESIDENCE ON A FARM? YES NO d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS PATTERSON 527 AVENUE MEMORIAL HOSPITAL 3 NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED 66 OCTOBER HOMER WILLIAMS 19 DEATH (Type or print) DATE OF BIRTH 9. AGE (In years IF UNDER IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost bighdoy) Months Hours Dovs 1-2-1900 MALE WHITE WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR and in during most of working life, even if retired) COUNTRY? S.A. INDUSTRY CUMBERLAND. MD. Retired Auditor- Fort Cumberland Hotel 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or remayal, JANE PHILLIPS HENRY WILLIAMS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. HOSPITAL -CUMBERLAND, MD. (Yes, no, or unknown) (If yes give wor or dotes of service) 27/1-05-4635 No crematian, INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: or (a), (b), ond (c).) ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) þ DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? shauld be detached far use with the State Dept. of Health p NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased fram_ 19 that (1) (we) last 60 1966, and that death accurred at 1:05M, from causes and an the date stated abave. saw the deceased alive an. RM 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. med M.D. DIRECTOR directar, page should be filed 22d. 22c. PHYSICIAN'S CENTRE ST. CUMBERLAND, MD F. WILLIAMS DR. W. NAME (Type) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) BEMOVAL (Specify) 10/13/66 Queen's Point Cemetery Mineral Kevser 2So. REC'D BY REGISTRAR ~2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE OC H. Lee Silcox Cumberland Maryland 21502



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 13545 requires that the death certificate be executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and campletely filled in by the funeral remove carban papers. Pages 1 and 1. PLACE OF DEATH o. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 8/22/1961 Cumberland e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 537 N. Centre St. Allegany County Infirmary NO X 4 DATE 3. NAME OF Middle First Year DECEASED October Melissa Daisy 66 Williams 19 DEATH IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 8 dast birthday) Months Doys Haurs 10/1/1882 Female White WIDOWED X DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country)
Cumberland, Maryland 10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most af warking life, even if retired)
Housewife COUNTRY? INDUSTRY. wn Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Schilling Barbara Dollhopf 17. INFORMANT P.O. Box 599. 16. SOCIAL SECURITY NO. Addroumberland . Md. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af service Allegany County Infirmary records. None NO INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause as the O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) NO Page 4 may be retained by the hospital or far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Haur a.m. Nat While ot work at work 21. I certify that (1) (this haspital) attended the deceased fram. ta 10/11/66, 19 __, that (I) (we) last shauld saw the deceased alive an 10/10/66 and that death accurred at A. M. from causes and on the date stated obave. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. 10/11/1966 DIRECTOR K directar, page 3 shauld be filed v M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Mathews, M. D. Greene St.. Cumberland, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23o. BURIAL, CREMATION REMOVAL (Specify) Cumberland, Allegany. Rose Hill Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1966 Cumberland, Md. H. Wayne George 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13547 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) delay i. nd 3 ta Page o. COUNTY o. STATE b COUNTY ALLEGANY of o MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
CUMBERLAND after 60 YEARS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, r's Office alang with farm haurs MEMORIAL HOSPITAL 803 BEDFORD ST. YES NOTEX death. 3 NAME OF 4. DATE Last Month Dov Yeor DECEASED (Type or print) BRUCE WIISON CT. 66 DEATH 18 19 24 haurs after IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED X DIVORCED MAIE WHITTE JUNE 11.1881 even gug 10o. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? pages l CONTRACTOR HOME BUTTDING MARYLAND TISA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME pencil be executed within ISAAC WILSON and CATHERINE ASH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) remayal, CUMBERLAND, MD. NO 211 32 2923 LEO WILSON 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH D Subdural Hemorrhage IMMEDIATE CAUSE (o). ward This certificate shauld crematian, DHE TO Conditions, if ony, which gove Skull Fracture Day rise to immediate couse (a). DUE TO stoting the underlying couse burial, c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? Arteriosclerotic Cardiovascular Disease YES NO XX 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) agent, priar PRIMARY or CONTRIBUTING CAUSE OF DEATH. Fell while standing on Sidewalk 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) While Not While of work foctory, street, office bldg., etc.)
Street 10:00 pm Oct. 17 19 66 of work FUNERAL DIRECTOR: Page Cumberland Allegany, Maryland designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection XX, Inquiry X ond in my opinion the funeral directar. Accident XXX Suicide , Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER KX EXAMINER'S RT. 9 CINVERENS YEAT NAY, TOWNTY COUNTY) Health OCT. 18,196 NAME (Type) BENEDICT SKITARELIC. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 0 CT. 21,1966 CUMBERLAND, MD. HILLCREST BURTAL PARK 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR BYRON KIGHT VR A15ME (5) CUMBERLAND, MD. 1966

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13542 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY death o. STATE b. COUNTY 2, and 3 ta PM3. Page 4 MARYT, AND ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
MT • SAVAGE c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) after MT. SAVAGE T. THE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? in Item 18. Give Pages 1, r's Office alang with farm haurs CHURCH HILL CHURCH HILL YES NO NO 24 haurs after death. 3. NAME OF First Middle 4. DATE Last Manth Day Year within 72 DECEASED WITTE OCT. 18 66 MARY (Type or print) T. 19 DEATH IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours MAY 14,1893 WIDOWED DIVORCED event FEMALE WHITTE 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired)
SCHOOL TEACHER PUBLIC SCHOOLS COUNTRY? USA MARYLAND Chief Medical Examiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within LOUIS E. WITTE CATHERINE O'CALLAHAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give wor or dotes of service remaval ELIZABERH WITT CUMBERLAND, MD. 212 38 7391 NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY STIDDE N CORONARY crematian, ar OCCLUSION IMMEDIATE CAUSE (o) writing the ward certificate shauld DUE TO Canditians, if any, which gove CORONARY SCLEROSTS rise to immediate cause (o). DUF TO stoting the underlying cause burial, c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? the certificate, NO IX its designated agent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 af item 18.) PRIMARY ar CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark please execute 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my apinion death resulted fram: Natural causes X Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE ____ DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** OCT. 18,1966 RT. 9, AddrOUMBERY ANDOLOMD. BENEDICT SKITARELIC, M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 50 BUR LAL OCT. 21,1966 ST. PATRICKS CEMETERY MT. SAVAGE, MD. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR CUMBERLAND, MD. VR A15ME (5) BYRON KIGHT DATE

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